#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,041 MOP024 FEE-FOR-SERVICE/DENTAL

SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR CASH GRANT - | AGED | AID CODE | | | |
|----------------------------|----------------|------------------------|---------------------|--------------|------------|--------|-----------|
| | | | | | MON | | |
| 170 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 2 , 986 | 22 , 751 \$ | 628 , 365.57 | \$ 27.62 | 133.829 \$ | | |
| @PHYSICIANS SERVICES | 22 | 76 \$ | 769.61 | \$ 10.13 | .447 \$ | | \$ 4.53 |
| OUTPATIENT VISITS | 1 | 1 | .00 | .00 | .006 | .00 | .00 |
| OFFICE VISITS | 1 | 1 | .00 | .00 | .006 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | | | | |
| INPATIENT HOSPITAL SURGERY | - | - | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 21 | 75 | 769.61 | 10.26 | .441 | 36.65 | 4.53 |
| @PHARMACY | 434 | 4,611 \$ | 74,227.35 | \$ 16.10 | 27.124 \$ | 171.03 | \$ 436.63 |
| PRESCRIPTION DRUGS | 356 | 605 | 68,709.86 | 113.57 | 3.559 | 193.01 | 404.18 |
| SNF/ICF | 23 | 38 | 4,890.48 | 128.70 | .224 | 212.63 | 28.77 |
| OUTPATIENTS | 333 | 567 | 63,819.38 | 112.56 | 3.335 | 191.65 | 375.41 |
| MEDICAL SUPPLIES | 88 | 4,006 | 5,517.49 | 1.38 | 23.565 | 62.70 | 32.46 |
| @DENTIST | 1,099 | 4,464 \$ | 218,723.03 | \$ 49.00 | 26.259 \$ | | |
| VISITS - DIAGNOSTIC | 680 | 2,839 | 31,686.43 | 11.16 | 16.700 | 46.60 | 186.39 |
| ORAL SURGERY | 166 | 433 | 20,373.25 | 47.05 | 2.547 | 122.73 | 119.84 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 5 | 5 | 500.00 | 100.00 | .029 | 100.00 | 2.94 |
| PERIODONTICS | 42 | 42 | 3,735.00 | 88.93 | .247 | 88.93 | 21.97 |
| | 25 | 35 | - | | | | |
| ENDODONTICS | 175 | | 6,905.00 | 197.29 | .206 | 276.20 | 40.62 |
| RESTORATIVE DENTISTRY | 1/5 | 375 | 25,558.85 | 68.16 | 2.206 | 146.05 | 150.35 |
| PROSTHETICS | = = | 15 | 513.50 | 34.23 | .088 | 36.68 | 3.02 |
| DENTURES, STAYPLATES | 311 | 700 | 129,451.00 | 184.93 | 4.118 | 416.24 | 761.48 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 22 | 20 | .00 | .00 | .118 | .00 | .00 |

03/14/05

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 15,042

| MOP024 | FEE-FOR-SERVICE/DENTAL | 03/14/05 |
|---------------|---|-----------------|
| SOLANO COUNTY | SUMMARY OF SERVICES FOR CASH GRANT - AGED | AID CODE 10 |
| | | MONTHLY AVERAGE |
| 100 | | |

| | | | | | | | M | ONT | HLY AVERA | GE | |
|------------------------------|-------|------------------|----|--------------|-----|------------|-----------|-----|-----------|----|----------|
| 170 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | 3 | | PER | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 2 | 7 | \$ | 140.92 | \$ | 20.13 | .041 | \$ | 70.46 | \$ | .83 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | | 45.00 | | 45.00 | .006 | | 45.00 | | .26 |
| EYE APPLIANCES | 2 | 6 | | 95.92 | | 15.99 | .035 | | 47.96 | | .56 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | Ś | .00 | .000 | Ś | | Ś | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | Ś | .00 | \$ | .00 | .000 | \$ | | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | Ś | .00 | Ś | .00 | .000 | Ś | .00 | | .00 |
| @TOTAL HOSPITAL | 9 | 29 | Ś | 16,452.56 | | 567.33 | .171 | | 1828.06 | | 96.78 |
| HOSP INPATIENT TOTAL | 3 | 11 | 7 | 16,229.16 | | 1475.38 | .065 | 7 | 5409.72 | 7 | 95.47 |
| HSC HOSPITALS | 1 | 1 | | 1,352.28 | | 1352.28 | .006 | | 1352.28 | | 7.95 |
| NON-HSC HOSPITAL TOTAL | 2 | 10 | | 18,344.88 | | 1834.49 | .059 | | 9172.44 | | 107.91 |
| ACCOMMODATIONS | 2 | 10 | | 8,016.73 | | 801.67 | .059 | | 4008.37 | | 47.16 |
| ADMINISTRATIVE DAYS | 1 | 6 | | 1,340.48 | | 223.41 | .035 | | 1340.48 | | 7.89 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 4 | | 6,676.25 | | 1669.06 | .024 | | 3338.13 | | 39.27 |
| ANCILLARIES | 2 | 0 | | 10,328.15 | | .00 | .000 | | 5164.08 | | 60.75 |
| INPATIENT CROSSOVERS | 0 | 0 | | 3,468.00CR | , | .00 | .000 | | .00 | | 20.40CR |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 6 | 18 | | 223.40 | | 12.41 | .106 | | 37.23 | | 1.31 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 18 | | 223.40 | | 12.41 | .106 | | 37.23 | | 1.31 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | Ś | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | Y | .00 | Y | .00 | .000 | Y | .00 | Y | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TATHOHOGI | U | O | | .00 | | .00 | .000 | | .00 | | .00 |

RADIOLOGY 0 0 .00 .00 .000 .00 .00 ROOM USE 0 0 .00 .00 .000 .00 .00 0 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .000 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,043

03/14/05

PAGE 15,044

MOP024 FEE-FOR-SERVICE/DENTAL
SOLAND COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

#CALIF DEPT OF HEALTH SERV

| SOLANO COUNTY | SUMMARY OF SERVI | CES FOR | CASH GRA | NT - | AGED | | AID CODE | 10 | | | | |
|------------------------------|------------------|----------|----------|------|--------------|------|-----------|------------|-----|-----------|----|----------|
| | | | | | | | | MO | NTF | HLY AVERA | GΕ | |
| 170 ELIGIBLES | USERS | UNITS OF | SERVICE | | EXPENDITURES | AVEF | RAGE COST | UNITS/DAYS | | COST PER | | COST PER |
| | | OR DAYS | OF CARE | | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 9 | | 29 | \$ | 16,452.56 | \$ | 567.33 | .171 | \$ | 1828.06 | \$ | 96.78 |
| COMM HOSP INPATIENT TOTAL | 3 | | 11 | | 16,229.16 | 1 | 475.38 | .065 | | 5409.72 | | 95.47 |
| HSC HOSPITALS | 1 | | 1 | | 1,352.28 | 1 | 352.28 | .006 | | 1352.28 | | 7.95 |
| NON-HSC HOSPITALS TOTAL | 2 | | 10 | | 18,344.88 | 1 | .834.49 | .059 | | 9172.44 | | 107.91 |
| ACCOMMODATIONS | 2 | | 10 | | 8,016.73 | | 801.67 | .059 | | 4008.37 | | 47.16 |
| ADMINISTRATIVE DAYS | 1 | | 6 | | 1,340.48 | | 223.41 | .035 | | 1340.48 | | 7.89 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | | 4 | | 6,676.25 | 1 | .669.06 | .024 | | 3338.13 | | 39.27 |
| ANCILLARIES | 2 2 | | 0 | | 10,328.15 | | .00 | .000 | | 5164.08 | | 60.75 |
| INPATIENT CROSSOVERS | 0 | | 0 | | 3,468.00CR | | .00 | .000 | | .00 | | 20.40CR |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 6 | | 18 | | 223.40 | | 12.41 | .106 | | 37.23 | | 1.31 |
| MEDICAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 6 | | 18 | | 223.40 | | 12.41 | .106 | | 37.23 | | 1.31 |
| @STATE HOSPITAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 4 | | 52 | \$ | 7,401.42 | \$ | 142.34 | .306 | \$ | 1850.36 | \$ | 43.54 |
| LEV A-INTERMEDIATE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 4 | | 52 | | 7,401.42 | | 142.34 | .306 | | 1850.36 | | 43.54 |
| @INTERMEDIATE CARE FACILDD | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 7 | | 9 | \$ | 3,165.23 | \$ | 351.69 | .053 | \$ | 452.18 | \$ | 18.62 |
| HOSPITAL BASED | 0 | | 0 | | .00 | · | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 7 | | 9 | | 3,165.23 | | 351.69 | .053 | | 452.18 | | 18.62 |
| @REHABILITATION FACILITY | 0 | | | \$ | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | · | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | | Ō | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | Ś | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | · | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 220 | | | \$ | 26,300.52 | \$ | 38.96 | | \$ | 119.55 | \$ | 154.71 |
| CLINIC | 18 | | 385 | | 7,403.55 | | 19.23 | 2.265 | | 411.31 | ſ | 43.55 |
| SURGICENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | | Õ | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 202 | | 290 | | 18,896.97 | | 65.16 | 1.706 | | 93.55 | | 111.16 |
| " | 202 | | | ~ | | | | 1.700 | | 20.00 | _ | |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

| | | | | | MO | ONTHLY AVERA | AGE | |
|--------------------------------|-------|------------------|------------------|--------------|------------|--------------|-----|----------|
| 170 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | S COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 1,321 | 12 , 828 | \$ 281,184.93 | \$ 21.92 | 75.459 | \$ 212.86 | \$ | 1654.03 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 2 | 528 | 1,046.10 | 1.98 | 3.106 | 523.05 | | 6.15 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER TRANS | 2 | 528 | 1,046.10 | 1.98 | 3.106 | 523.05 | | 6.15 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 51 | 714 | 49,707.96 | 69.62 | 4.200 | 974.67 | | 292.40 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 624 | 2,041 | 211,536.20 | 103.64 | 12.006 | 339.00 | | 1244.33 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 657 | 1,398 | 17,153.29 | 12.27 | 8.224 | 26.11 | | 100.90 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 16 | 8,147 | 1,741.38 | .21 | 47.924 | 108.84 | | 10.24 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 30 | 106 | \$ 1,864.68 | \$ 17.59 | .624 | \$ 62.16 | \$ | 10.97 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,045 MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05

MONIBULL ALIEDACE

| | | | | | | MOI | NTHLY AVERA | GE |
|-----------------------|-------|------------------|----|--------------|--------------|------------|-------------|------------|
| 13 ELIGIBLES | USERS | UNITS OF SERVICE | ₹. | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | ₹. | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 255 | 8,274 | \$ | 81,469.21 | \$ 9.85 | 636.462 | \$ 319.49 | \$ 6266.86 |
| @PHYSICIANS SERVICES | 4 | 7 | \$ | 985.55 | \$ 140.79 | .538 | \$ 246.39 | \$ 75.81 |
| OUTPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|----|-----|--------------------------|-------------|--------|--------------|---------------|
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 1 | 2 | 960.69 | 480.35 | .154 | 960.69 | 73.90 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 3 | 5 | 24.86 | 4.97 | .385 | 8.29 | 1.91 |
| @PHARMACY | 53 | 186 | \$ 11,257.44 | \$ 60.52 | | \$ 212.40 | \$ 865.96 |
| PRESCRIPTION DRUGS | 48 | 84 | 10,835.00 | 128.99 | 6.462 | 225.73 | 833.46 |
| SNF/ICF | 1 | 5 | 216.30 | 43.26 | .385 | 216.30 | 16.64 |
| OUTPATIENTS | 47 | 79 | 10,618.70 | 134.41 | 6.077 | 225.93 | 816.82 |
| MEDICAL SUPPLIES | 5 | 102 | 422.44 | 4.14 | 7.846 | 84.49 | 32.50 |
| @DENTIST | 84 | 391 | \$ 15 , 472.75 | \$ | 30.077 | \$ 184.20 | \$ 1190.21 |
| VISITS - DIAGNOSTIC | 58 | 247 | 3 , 079.75 | 12.47 | 19.000 | 53.10 | 236.90 |
| ORAL SURGERY | 8 | 40 | 1,410.00 | 35.25 | 3.077 | 176.25 | 108.46 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .154 | 100.00 | 15.38 |
| PERIODONTICS | 3 | 3 | 291.00 | 97.00 | .231 | 97.00 | 22.38 |
| ENDODONTICS | 4 | 5 | 1,190.00 | 238.00 | .385 | 297.50 | 91.54 |
| RESTORATIVE DENTISTRY | 19 | 59 | 3,917.00 | 66.39 | 4.538 | 206.16 | 301.31 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| DENTURES, STAYPLATES | 16 | 31 | 5,385.00 | 173.71 | 2.385 | 336.56 | 414.23 |
|----------------------------|---------------------|-----------------|-------------------------|----------|---------------|--------|-------------|
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 3 | 4 | .00 | .00 | .308 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DEC | 2004 | PAGE 15,046 |
| MOP024 | FEE-FOR-SERVICE/DEN | TAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR CASH GRANT | 7 - BLIND | AID CODE | 20 | | |

----- MONTHLY AVERAGE -----13 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 0 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 .00 \$ @CHIROPRACTOR .00 .00 .000 \$.00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 Ω .00 \$.00 .000 \$.00 \$.00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 .00 OTHER .00 .000 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$.00 \$.00 .000 \$.00 \$ NURSE ANESTHESIST .00 .00 \$.00 .000 \$.00 \$ NURSE MIDWIFE .00 .00 .00 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 .00 \$.00 .000 \$.00 @TOTAL HOSPITAL 76.76 9.60 .615 \$ 38.38 \$ 5.90 .00 .00 HOSP INPATIENT TOTAL .00 .000 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 76.76 9.60 HOSP OUTPATIENT TOTAL .615 38.38 .00 .00 MEDICAL .00 .000 .00 SURGERY .00 .00 .000 .00 .00 76.76 9.60 38.38 .615 5.90 PATHOLOGY RADIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ROOM USE CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 0 .00 .00 .00 \$ @COUNTY HOSPITAL TOTAL .000 \$.00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 . 00 . 00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS . 00 .00 .000 . 00 . 00 .00 .00 . 00 .000 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00

. 00

.00

.000

. 00

.00

ANCILLARIES

| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|---------------|-------------------------|----------|--------------|--------|-------------|
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,047 |
| MOP024 | FEE-FOR-SERVICE/DENTA | Ĺ | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES F | OR CASH GRANT | - BLIND | AID CODE | E 20 | | |

| SOLANO COUNTI | SOPPART OF SERV | TOES FOR CASH GR | TAINI | DHIND | | AID CODE | M | ∩мт | HIV ZVEDZ | CF | |
|---|-----------------|------------------|-------|--------------|---------|------------|-------|-----|-----------|-----|----------|
| 13 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | 7\ 7.71 | ERAGE COST | | | | .GE | COST PER |
| 13 EDIGIBLES | ODEND | OR DAYS OF CARE | | EXFENDITORES | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2 | OR DATS OF CARE | \$ | 76.76 | \$ | 9.60 | .615 | | 38.38 | | 5.90 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | Y | .00 | Y | .00 | .000 | Y | .00 | Y | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | | | | | | |
| INPATIENT CROSSOVERS | 0 | 0 | | | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | U | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2 | 8 | | 76.76 | | 9.60 | .615 | | 38.38 | | 5.90 |
| MEDICAL | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 2 | 8 | | 76.76 | | 9.60 | .615 | | 38.38 | | 5.90 |
| RADIOLOGY | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @NURSING FACILITY | 1 | 61 | \$ | 7,295.60 | \$ | 119.60 | 4.692 | Ş | 7295.60 | Ş | 561.20 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 1 | 61 | | 7,295.60 | | 119.60 | 4.692 | | 7295.60 | | 561.20 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| @ORGANIZED OUTPATIENT CLINIC | 37 | 47 | \$ 3,320.29 | \$ 70.64 | 3.615 \$ | 89.74 | \$ 255.41 |
|---|------------------|---|-----------------------|----------------|----------------|------------|-------------|
| CLINIC | 1 | 1 | 14.18 | 14.18 | .077 | 14.18 | 1.09 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 36 | 46 | 3,306.11 | | 3.538 | | 254.32 |
| #CALIF DEPT OF HEALTH SERV | | | S MONTH-OF-PAYMENT 1 | | | | |
| MOP024 | FEE-FOR-SERVICE | | 5 HONIII OF TATHENT I | NEIONI FON OAN | 2004 IIIKO DEK | 2004 | 03/14/05 |
| SOLANO COUNTY | | | AIM DITND | AID CODE | 2 20 | | 03/14/03 |
| SOLANO COUNTI | SUMMARI OF SERV | ICES FOR CASH GRAI | NT - BLIND | AID CODE | MON' | mii | CE |
| 10 5 5 5 5 5 | | | | 31100300 0000 | | | |
| | USERS | | EXPENDITURES | | UNITS/DAYS | | COST PER |
| _ | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | 87 | , - | \$ 43,060.82 | | 582.615 \$ | | \$ 3312.37 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | | .000 | .00 | .00 |
| THMC.MODEL-NF.NF.AIDS.MSSP | 1.8 | 79 | 10,678.89 | | 6.077 | 593.27 | 821.45 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 9 | 44 | 494.86 | | 3.385 | 26.05 | 38.07 |
| DUVCICAL TUPDADICT | 10 | | .00 | | .000 | .00 | .00 |
| DODUNDIE V-DAV | 0 | 0 | .00 | | .000 | .00 | .00 |
| GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | 0 | 0 0 0 0 0 0 0 0 0 7,258 191 | .00 | | .000 | .00 | .00 |
| TROUTHETTET, ORTHOTTETE | 0 | 0 | | | | | |
| PROSTHETICS | 0 | 0 | .00 | | .000 | .00 | .00 |
| ORTHOTICS | 0 | U | .00 | | .000 | .00 | .00 |
| PSYCHOLOGIST | U | U | .00 | | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 47 | 7,258 | 26,136.06 | | 558.308 | 556.09 | 2010.47 |
| EPSDT SUPPLEMENTAL SERVICE | 2 | 191 | 5,617.31 | | 14.692 | 2808.66 | 432.10 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 2 | 133.70 | 66.85 | .154 | 133.70 | 10.28 |
| @CALIF. CHILDREN SERVICES* | 1 | 2 | \$ 960.69 | \$ 480.35 | .154 \$ | 960.69 | \$ 73.90 |
| @XOVER EXCLUDING STATE HOSP** | 4 | 7 : | \$ 158.56 | \$ 22.65 | .538 \$ | 39.64 | \$ 12.20 |
| @* TOTALS IN THESE LINES ARE | GIVEN AS A SEPAR | ATE INFORMATION IT | EM ONLY; | | | | |
| THE AMOUNTS ARE ALREADY IN | CLUDED IN THE AP | PROPRIATE DETAIL L | INES ABOVE. | | | | |
| ** THESE DATA ARE INCLUDED I | N THE APPROPRIAT | E DETAIL LINES ABOV | VE. | | | | |
| #CALIF DEPT OF HEALTH SERV | | | S MONTH-OF-PAYMENT I | REPORT FOR JAN | 2004 THRU DEC | C 2004 | PAGE 15,049 |
| MOP024 | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| SOLANO COUNTY | | ICES FOR CASH GRAI | NT - DISABLED | AID CODE | T 60 | | 00/11/00 |
| 5021110 0001111 | | 1020 1011 011011 01111 | 21211222 | 1112 0021 | MON' | THLY AVERA | GE |
| 906 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | | COST PER |
| JOO ELICIDIED | OBLIND | OR DAYS OF CARE | BALBIADITORES | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 20,422 | | \$ 7,946,194.72 | | 167.918 \$ | | \$ 8770.63 |
| @PHYSICIANS SERVICES | 20,422 | | \$ 23,585.98 | | .698 \$ | | |
| OUTPATIENT VISITS | 91 | 113 | 5,462.70 | | .125 | 60.03 | 6.03 |
| | | | 1,429.11 | | | | |
| OFFICE VISITS | 43 | 46 | • | | .051 | 33.24 | 1.58 |
| HOME VISITS | 0 | 0 | .00 | | .000 | .00 | .00 |
| EMERGENCY ROOM | 41 | 51 | 3,336.43 | 65.42 | .056 | 81.38 | 3.68 |
| | | | | | | | |

| PREVENTIVE CARE | 1 2 9 22 18 2 | 1 | 49.90 | 49.90 | .001 | 49.90 | .06 |
|--|------------------------------|---|----------------------------|----------------|--------------|-----------------|-------------|
| OB VISITS/COMPRE PERI | 2 | 4 | 241.92 | 60.48 | .004 | 120.96 | .27 |
| OTHER OUTPATIENT | 9 | 11 69 | 405.34 | 36.85 | .012 | 45.04 | .45 |
| INPATIENT VISITS | 2.2 | 69 | 3,008.55 | 36.85 43.60 | .076 | 136.75 | 3.32 |
| HOSPITAL VISITS | 1.8 | 60 | 2,541.61 | 42.36 | .066 | 141.20 | 2.81 |
| CRITICAL CARE | 2 | 3 | 202.44 | 67.48 | .003 | 101.22 | .22 |
| CNITICAL CANE | | 5 | 264.50 | 44.08 | .007 | 66.13 | .29 |
| SNE/ICE/TRANS IP CARE | 4 | 0 | 264.50 | | | | |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 57.79 | 57.79 | .001 | 57.79 | .06 |
| EXAMINATIONS | 1 | 1 | 57.79 | 57.79 | .001 | 57.79 | .06 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 6 | 37 | 2,673.35 | 72.25 | .041 | 445.56 | 2.95 |
| PRINCIPAL SURGEON | 2 | 6 | 1,759.48 | 293.25 | .007 | 879.74 | 1.94 |
| ASSISTANT SURGEON | 1 | 1 | 93.25 | 93.25 | .001 | 93.25 | .10 |
| ANESTHESTOLOGIST | 4 | 30 | 820.62 | 27.35 | .033 | 205.16 | .91 |
| OUTPATIENT SURGERY | 12 | 27 | 2,104.45 | | .030 | 175.37 | 2.32 |
| DDINCIDAL GUDCEON | 2 | 12 | 2,104.45 1,571.03 | 130.92 | .013 | 174.56 | 1.73 |
| ACCIONAME CURCEON | 9 | 12 | 1,571.05 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEUN | 0 | 15 | .00 | | | | |
| ANESTHESIOLOGIST | 3 | 15 | 533.42 | 35.56 | .017 | 177.81 | .59 |
| DIALYSIS | 2 | 14 | 441.10 | 31.51 | .015 | 220.55 | .49 |
| PATHOLOGY | 21 | 147 | 751.22 | 5.11 | .162 | 35.77 | .83 |
| RADIOLOGY | 46 | 71 | 3,394.91 | 47.82 | .078 | 73.80 | 3.75 |
| PSYCHIATRY | 2 | 2 | 60.54 | 30.27 | .002 | 30.27 | .07 |
| HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION | 2 4 | 69 60 3 6 1 1 0 37 6 1 30 27 12 0 15 14 147 71 2 5 146 38,337 \$ | 1,852.52 | 370.50 | .006 | 463.13 | 2.04 |
| OTHER SERVICES/ALL X-OVERS | 72 | 146 | 3,778.85 | 25.88 | .161 | 52.48 | 4.17 |
| @PHARMACY | 11.680 | 38,337 \$ | 5,537,093.35 | | 42.315 \$ | | \$ 6111.58 |
| PRESCRIPTION DRIES | 11 564 | | 5,515,245.18 | 229.39 | 26.538 | 476.93 | 6087.47 |
| CNE/ICE | 11,504 | 24,043 1,612 22,431 | | 158.28 | 1.779 | 549.90 | 281.63 |
| OHED WELLING | 11 127 | 22 421 | 255,153.43 5,260,091.75 | 234.50 | 24.758 | 472.31 | 5805.84 |
| OUTPATIENTS | 11,13/ | 22,431 | 5,260,091.75 | 234.50 | | | |
| IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY | 150 | 14,294 | 21,848.17 | 1.53 | 15.777 | | 24.11 |
| @DENTIST | 4,840 | 23 , 676 \$ | 754,337.56 189,605.51 | \$ 31.86 | | | \$ 832.60 |
| VISITS - DIAGNOSTIC | 3,488 | 15 , 953 | 189,605.51 | 11.89 | 17.608 | 54.36 | 209.28 |
| ORAL SURGERY | 756 | 2,119 | 107,794.80 | 50.87 | 2.339 | 142.59 | 118.98 |
| DRUGS | 31 | 46 32 290 | 670.00 | 14.57 | .051 | 21.61 | .74 |
| ANESTHESIA | 31 | 32 | 2,800.00 | 87.50 | .035 | 90.32 | 3.09 |
| PERIODONTICS | 280 | 290 | 31,310,70 | 107.97 | .320 | 111.82 | 34.56 |
| ENDODONTICS | 179 | 248 3,051 | 54,301.50 | 218.96 | .274 | 303.36 | 59.94 |
| RESTORATIVE DENTISTRY | 1 167 | 3,051 | 167,956.60 | 55.05 | 3 368 | 143 92 | 185.38 |
| DDOGTUETICS | 37 | 38 | 1,042.50 | 27.43 | .042 | 28.18 | 1.15 |
| PENELIDES OF AND AFES | 57 | | 191,908.95 | 110.93 | 1.909 | 377.77 | 211.82 |
| DENTURES, STAIPLATES | 508 | 1,/30 | | | | | |
| SPACE MAINTAINERS | 3 | 4 | 462.00 | 115.50 | .004 | 154.00 | .51 |
| ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES | 4 | 4 5 0 80 | 250.00 | 50.00 | .006 | 62.50 | .28 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 62 | 80 | 6,010.00 | 75.13 | .088 | 96.94 | 6.63 |
| ALL OTHER SERVICES | 92 | 80 | 225.00 | 2.81 | .088 | 2.45 | .25 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES MO | NTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,050 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | 03/14/05 |
| | | ICES FOR CASH GRANT - | DISABLED | AID CODE | 60 | | , , |
| BODINO COCKII | SOIMHING OF SERV | TODO TOTO CHOT CHINT | 210112222 | 1110 0000 | MON | ייטדע אוויים או | ~F |
| 906 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| AND ETIGIBLES | OSEKS | | EXECUDITORES | | | | |
| 0.0000000000000000000000000000000000000 | 1.5 | OR DAYS OF CARE | 1 050 74 | PER UNIT/DAY | | USER | ELIGIBLE |
| @OPTOMETRIST | 15 | 48 \$ | 1,053.74 | \$ 21.95 | .053 \$ | | |
| DIAGNOSTIC AND ANC. PROCED | 8 | 9 | 371.59 | 41.29 | .010 | 46.45 | .41 |
| EYE APPLIANCES | 14 | 38 | 613.25 | 16.14 | .042 | 43.80 | .68 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | 68.90 | 68.90 | .001 | 68.90 | .08 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
|------------------------------|-----|-----|--------------------|----|---------|------|---------------|----|--------|
| @PODIATRIST | 4 | 6 | \$ 92.93 | \$ | 15.49 | .007 | \$ 23.23 | \$ | .10 |
| MEDICINE/INJECTIONS | 2 | 2 | 81.20 | | 40.60 | .002 | 40.60 | | .09 |
| SURGERY/ANES. | 1 | 1 | 11.00 | | 11.00 | .001 | 11.00 | | .01 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| OTHER | 2 | 3 | .73 | | .24 | .003 | .37 | | .00 |
| @HOME HEALTH AGENCY | 5 | 39 | \$ 2,755.61 | \$ | 70.66 | .043 | \$ 551.12 | \$ | 3.04 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| @TOTAL HOSPITAL | 165 | 772 | \$ 242,118.11 | \$ | 313.62 | .852 | \$ 1467.38 | \$ | 267.24 |
| HOSP INPATIENT TOTAL | 22 | 130 | 224,793.05 | | 1729.18 | .143 | 10217.87 | | 248.12 |
| HSC HOSPITALS | 7 | 36 | 51 , 267.00 | | 1424.08 | .040 | 7323.86 | | 56.59 |
| NON-HSC HOSPITAL TOTAL | 15 | 94 | 174,330.05 | | 1854.58 | .104 | 11622.00 | | 192.42 |
| ACCOMMODATIONS | 15 | 94 | 64,007.70 | | 680.93 | .104 | 4267.18 | | 70.65 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 15 | 94 | 64,007.70 | | 680.93 | .104 | 4267.18 | | 70.65 |
| ANCILLARIES | 15 | 0 | 110,322.35 | | .00 | .000 | 7354.82 | | 121.77 |
| INPATIENT CROSSOVERS | 1 | 0 | 804.00CF | R | .00 | .000 | 804.00C | R | .89CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 144 | 642 | 17,325.06 | | 26.99 | .709 | 120.31 | | 19.12 |
| MEDICAL | 23 | 30 | 1,606.97 | | 53.57 | .033 | 69.87 | | 1.77 |
| SURGERY | 12 | 14 | 283.93 | | 20.28 | .015 | 23.66 | | .31 |
| PATHOLOGY | 39 | 211 | 2,024.35 | | 9.59 | .233 | 51.91 | | 2.23 |
| RADIOLOGY | 35 | 39 | 4,961.35 | | 127.21 | .043 | 141.75 | | 5.48 |
| ROOM USE | 71 | 96 | 3 , 855.39 | | 40.16 | .106 | 54.30 | | 4.26 |
| CROSSOVERS/ALL OTH OUTPINT | 89 | 252 | 4,593.07 | | 18.23 | .278 | 51.61 | | 5.07 |
| @COUNTY HOSPITAL TOTAL | 8 | 29 | \$ 13,580.97 | \$ | | | \$ 1697.62 | \$ | 14.99 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 12 | 13,200.00 | | 1100.00 | .013 | 13200.00 | | 14.57 |
| HSC HOSPITALS | 1 | 12 | 13,200.00 | | 1100.00 | .013 | 13200.00 | | 14.57 |
| | | | | | | | | | |

| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|-------------------|--------------------|---------------------|-----------------|--------------|---------------|-------------|
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 7 | 17 | 380.97 | 22.41 | .019 | 54.42 | .42 |
| | 1 | 1 | | | | | |
| MEDICAL | 0 | 1 | 46.06 | 46.06 | .001 | 46.06 | .05 |
| SURGERY | | U | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | / | 96.86 | 13.84 | .008 | 32.29 | .11 |
| RADIOLOGY | 1 | 2 | 41.22 | 20.61 | .002 | 41.22 | .05 |
| ROOM USE | 4 | 5 | 184.94 | 36.99 | .006 | 46.24 | .20 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | 11.89 | 5.95 | .002 | 5.95 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | S AND EXPENDITURES | MONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 15,051 |
| MOP024 | FEE-FOR-SERVICE/ | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVI | CES FOR CASH GRANT | ' - DISABLED | AID CODE | 60 | | |
| | | | | | MON | ITHLY AVERAGI | Ξ |
| 906 ELIGIBLES | USERS (| JNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 157 | 743 \$ | 228,537.14 | \$ 307.59 | .820 \$ | 1455.65 | \$ 252.25 |
| COMM HOSP INPATIENT TOTAL | 21 | 118 | 211,593.05 | 1793.16 | .130 | 10075.86 | 233.55 |
| HSC HOSPITALS | 6 | 24 | 38,067.00 | 1586.13 | .026 | 6344.50 | 42.02 |
| NON-HSC HOSPITALS TOTAL | 15 | 94 | 174,330.05 | 1854.58 | .104 | 11622.00 | 192.42 |
| ACCOMMODATIONS | 15 | 94 | 64,007.70 | 680.93 | .104 | 4267.18 | 70.65 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 15 | 94 | 64,007.70 | 680.93 | .104 | 4267.18 | 70.65 |
| ANCILLARIES | 15 | 0 | 110,322.35 | .00 | .000 | 7354.82 | 121.77 |
| INPATIENT CROSSOVERS | 1 | 0 | 804.00CF | | .000 | 804.00CR | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1.37 | 625 | 16,944.09 | 27.11 | .690 | 123.68 | 18.70 |
| MEDICAL | 22 | 29 | 1,560.91 | 53.82 | .032 | 70.95 | 1.72 |
| | 12 | 14 | 283.93 | 20.28 | .015 | 23.66 | .31 |
| SURGERY | 36 | 204 | | | .225 | | 2.13 |
| PATHOLOGY | 34 | | 1,927.49 | 9.45 | | 53.54 | |
| RADIOLOGY | 34 67 | 37 | 4,920.13 | 132.98 | .041 | 144.71 | 5.43 |
| ROOM USE | | 91 | 3,670.45 | 40.33 | .100 | 54.78 | 4.05 |
| CROSSOVERS/ALL OTH OUTPTNT | 87 | 250 | 4,581.18 | 18.32 | .276 | 52.66 | 5.06 |
| @STATE HOSPITAL | 13 | 489 \$ | 251,746.22 | \$ 514.82 | | 19365.09 | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 13 | 489 | 251,746.22 | 514.82 | .540 | 19365.09 | 277.87 |
| @NURSING FACILITY | 14 | 625 \$ | 84,191.34 | \$ 134.71 | | 6013.67 | , ,,,,,, |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | ^ | • | 0.0 | 0.0 | 0.00 | 0.0 | 0.0 |

0

625

31

31

0

0

44

0

44

.00

.00

.00

.00

84,191.34

4,624.27

4,624.27

4,605.11

4,605.11

.00

.00

.00

.00

134.71

149.17

149.17

104.66

104.66

.000

.690

.034

.000

.000

.000

.049

.00

.00

.00

.00

6013.67

4624.27

1151.28

.034 \$ 4624.27 \$

.049 \$ 1151.28 \$

.00

92.93

5.10

5.10

.00

.00

5.08

.00

5.08

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

0

1

1

0

4

0

14

| @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC | 3 | 6 | ċ | 149.59 | Ċ | 24.93 | .007 | \$ 74.80 | ċ | 17 |
|---|------------------|-------------------|---|---|--------|-------------|-------------|-----------------------------|----------|------------|
| GREHABILITATION FACILITY | ∠ 1 | 0 | Ą | 149.59 | ş | | | | | .17 .06 |
| HUSPIIAL BASED | 1 | | | 52.62 | | 52.62 | .001 | | | |
| INDEPENDENT FACILITY | 1 | 5 | <u>^</u> | 96.97 | | 19.39 | | | <u> </u> | .11 |
| @LABORATORY FACILITY | 62 | 301 | \$ | 3,589.16 | | 11.92 | .332 | | Ş | |
| PATHOLOGY | 61 | 291 | | 3,486.96 | | 11.98 | .321 | | | 3.85 |
| XO AND OTHERS | 1 | 10 | | 102.20 153,743.56 2,172.87 | | 10.22 | .011 | | | .11 |
| @ORGANIZED OUTPATIENT CLINIC | 1,419 | 2,141 | \$ | 153,743.56 | \$ | 71.81 | 2.363 | | | 169.69 |
| CLINIC | 32 | 81 | | 2,172.87 | | 26.83 | .089 | 67.90 | | 2.40 |
| SURGICENTER | 0 | 0 | | .00 | | | | .00 | | .00 |
| HEROIN DETOX CLINIC | 1 | 6 | | 91.01 | | 15.17 | .007 | 91.01 | | .10 |
| RURAL HEALTH CLINIC | 0 1 1,388 | 2,054 | | 151,479.68 | | 73.75 | 2.267 | 109.14 | | 167.20 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITU | JRES 1 | MONTH-OF-PAYMENT R | REPORT | FOR JAN 2 | 2004 THRU D | EC 2004 | PI | AGE 15,052 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR CASH G | RANT | - DISABLED | | AID CODE | 60 | | | |
| 906 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY | | | | | | | MO | NTHLY AVERA | GE - | |
| 906 ELIGIBLES | USERS | UNITS OF SERVICE | Œ | EXPENDITURES | AVE | ERAGE COST | UNITS/DAYS | COST PER | (| COST PER |
| *** ====== | | OR DAYS OF CAR | ₹E. | | PEF | YAC/TINII | PER ELIG | USER | F | ELIGIBLE |
| @ALL OTHER PROVIDERS | 3 751 | 84 987 | Ś | 882,508.19 | Ś | 10 38 | 93 805 | \$ 235 27 | Ś | 974 07 |
| DIDABLE MED FOILD | 9,731 | 10 | ۲ | 5 098 76 | Υ | 268 36 | 021 | 637 35 | Ψ | 5.63 |
| DUNABLE MED. EQUIF. | 0 | 19 | | 3,098.76 | | 200.30 | .021 | 037.33 | | .00 |
| PLOON DANK | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | 126.70 | | .00 |
| MEDICAL TRANSPORTATION | 23 | 312 | | 3,144.61 | | 10.08 | .344 | 136.72 | | 3.47 |
| AMBULANCES/AIR TRANS | 22 | 150 | | 2,639.71 | | 17.60 | .166 | 119.99 | | 2.91 |
| OTHER TRANS | 1 | 162 | | 504.90 | | 3.12 | .179 | 504.90 | | .56 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 13 | 120 | | 8,360.04 | | 69.67 | .132 | 643.08 | | 9.23 |
| GENETIC DISEASE TESTING | 18 | 18 | | 1,890.00 | | 105.00 | .020 | 105.00 | | 2.09 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 533 | 16,710 | | 602,329.07 | | 36.05 | 18.444 | 1130.07 | | 664.82 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OPTICIAN | 1,401 | 2,999 | | 32,302.91 | | 10.77 | 3.310 | 23.06 1.87 | | 35.65 |
| PHYSICAL THERAPIST | 1 | . 1 | | 1.87 | | 1.87 | .001 | 1.87 | | .00 |
| PORTABLE X-RAY | 2. | 8 | | 238.61 | | 29.83 | .009 | 119.31 | | .26 |
| PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES | 0 | 0 | | - 00 | | .00 | .000 | 0.0 | | 0.0 |
| PROSTHETICS | 0 | 0 | | 0.0 | | .00 | 000 | .00 | | .00 |
| ORTHOTICS | 0 | 0 | | 0.0 | | .00 | .000 | .00 | | .00 |
| DOVCHOLOCIOT | 0 | 0 | | 0.0 | | .00 | 000 | .00 | | .00 |
| CDEECH AND AUDIOLOGY | 1 | 0 | | 00 10 | | 10 60 | 000 | 99.19 | | .11 |
| MOCDICE CEDVICES | 0 | 2 | | 99.19 | | 49.00 | .002 | .00 | | .00 |
| PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE | 0 | 0 | | 1.87 238.61 .00 .00 .00 .00 .00 | | .00 | .000 | .00 | | |
| NONINST BIRTHING CENTERS | 1 710 | 10 611 | | .00 | | .00 | .000 | .00 .00 124.86 .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 1,/19 | 18,611 | | 214,641.05 | | 11.53 | 20.542 | 124.86 | | 236.91 |
| EPSDT SUPPLEMENTAL SERVICE | U | 0 | | .00 | | .00 | .000 | .00 | | |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 66 | 46,187 | | 14,402.08 | | .31 | 50.979 | 218.21 | | |
| @CALIF. CHILDREN SERVICES* | 35 | 804 | \$ | 31,849.33 | \$ | 39.61 | .887 | | | 35.15 |
| @XOVER EXCLUDING STATE HOSP** | 64 | 803 | \$ | 5,689.25 | \$ | 7.08 | .886 | \$ 88.89 | \$ | 6.28 |
| <pre>@* TOTALS IN THESE LINES ARE</pre> | GIVEN AS A SEPAR | RATE INFORMATION | ITEM | ONLY; | | | | | | |
| THE AMOUNTS ARE ALREADY IN | | | | | | | | | | |
| ** THESE DATA ARE INCLUDED I | N THE APPROPRIAT | TE DETAIL LINES A | ABOVE | | | | | | | |
| | | | | MONTH-OF-PAYMENT R | REPORT | FOR JAN | 2004 THRU D | EC 2004 | P7 | AGE 15,053 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | | |)-33 1 | 35 40 42 3A-3M 3P | 3B 31 | 1 3W 4C-4C | | | | 30, 11, 00 |
| 2071110 0001111 | SOTHWILL OF SERV | ,1010 1010 001 00 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,, 10 12 JA JH JE | J1(J(| , JW IC IG | | NTHLY AVERA | GF - | |
| 1,338 ELIGIBLES | USERS | UNITS OF SERVIC | יםי | EVDENDITHIDEC | 7/17 | יסאכב כספיי | | | | COST PER |
| T'))0 FFIGIPF9 | USEKS | | | EXPENDITURES | | | | | | |
| | | OR DAYS OF CAR | \₾ | | PEF | / ONIT/DAY | PER ELIG | USER | E | ELIGIBLE |

| @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM | 14,394 183 125 59 4 48 | 58,430 311 144 68 5 | \$ \$ | 1,801,111.79 11,792.79 5,757.63 2,336.12 201.17 2,721.78 | | 30.83 37.92 39.98 34.35 40.23 50.40 | 43.670 .232 .108 .051 .004 | | 125.13 64.44 46.06 39.60 50.29 56.70 | | 1346.12 8.81 4.30 1.75 .15 2.03 |
|---|---------------------------------------|---------------------------------|-------|---|-------------|--|--|-----|---|------------|--|
| PREVENTIVE CARE | 1 | 1 | | 65.78 | | 65.78 | .001 | | 65.78 | | .05 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 16 | 16 | | 432.78 | | 27.05 | .012 | | 27.05 | | .32 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | | 18.58 | | 18.58 | .001 | | 18.58 | | .01 |
| EXAMINATIONS | 1 | 1 | | 18.58 | | 18.58 | .001 | | 18.58 | | .01 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 5 | 15 | | 791.20 | | 52.75 | .011 | | 158.24 | | .59 |
| PRINCIPAL SURGEON | 3 | 3 | | 474.39 | | 158.13 | .002 | | 158.13 | | .35 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 2 | 12 | | 316.81 | | 26.40 | .009 | | 158.41 | | .24 |
| OUTPATIENT SURGERY | 16 | 19 | | 1,360.36 | | 71.60 | .014 | | 85.02 | | 1.02 |
| PRINCIPAL SURGEON | 16 | 18 | | 1,311.91 | | 72.88 | .013 | | 81.99 | | .98 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 1 | | 48.45 | | 48.45 | .001 | | 48.45 | | .04 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 11 46 | 26 73 | | 72.08 | | 2.77 | .019 | | 6.55 | | .05 |
| RADIOLOGY | 46 | 0 | | 2,275.30 | | 31.17 | .055 | | 49.46 | | 1.70 |
| PSYCHIATRY IMMUNIZATION AND INJECTION | 4 | 7 | | .00 51.91 | | .00 7.42 | .000 | | .00 12.98 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 20 | 26 | | 1,465.73 | | 56.37 | .019 | | 73.29 | | 1.10 |
| @PHARMACY | 871 | 1,961 | \$ | 233,439.03 | Ś | 119.04 | 1.466 | Ś | | Ś | 174.47 |
| PRESCRIPTION DRUGS | 862 | 1,596 | 7 | 232,289.86 | , | 145.55 | 1.193 | - | 269.48 | т. | 173.61 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 862 | 1,596 | | 232,289.86 | | 145.55 | 1.193 | | 269.48 | | 173.61 |
| MEDICAL SUPPLIES | 25 | 365 | | 1,149.17 | | 3.15 | .273 | | 45.97 | | .86 |
| @DENTIST | 7,313 | 38,488 | \$ | 951,688.93 | \$ | | 28.765 | \$ | | \$ | 711.28 |
| VISITS - DIAGNOSTIC | 5 , 794 | 28,583 | | 403,912.68 | | 14.13 | 21.362 | | 69.71 | | 301.88 |
| ORAL SURGERY | 884 | 1,664 | | 92,394.35 | | 55.53 | 1.244 | | 104.52 | | 69.05 |
| DRUGS | 261 | 299 | | 6,419.18 | | 21.47 | .223 | | 24.59 | | 4.80 |
| ANESTHESIA | 29 | 30 | | 3,000.00 | | 100.00 | .022 | | 103.45 | | 2.24 |
| PERIODONTICS | 99 481 | 101 732 | | 9,703.10 | | 96.07 | .075 | | 98.01 | | 7.25 |
| ENDODONTICS RESTORATIVE DENTISTRY | 2,305 | 6,257 | | 90,845.22 292,415.15 | | 124.11 46.73 | .547 4.676 | | 188.87 126.86 | | 67.90 218.55 |
| PROSTHETICS | 2 , 303 | 5 | | 170.00 | | 34.00 | .004 | | 34.00 | | .13 |
| DENTURES, STAYPLATES | 59 | 286 | | 23,767.50 | | 83.10 | .214 | | 402.84 | | 17.76 |
| SPACE MAINTAINERS | 35 | 45 | | 4,923.00 | | 109.40 | .034 | | 140.66 | | 3.68 |
| MAXILLOFACIAL SERVICES | 7 | 7 | | 350.00 | | 50.00 | .005 | | 50.00 | | .26 |
| FRACTURES, DISLOCATIONS | 1 | 1 | | 700.00 | | 700.00 | .001 | | 700.00 | | .52 |
| ORTHODONTIC SERVICES | 281 | 334 | | 22,413.75 | | 67.11 | .250 | | 79.76 | | 16.75 |
| ALL OTHER SERVICES | 135 | 144 | | 675.00 | | 4.69 | .108 | | 5.00 | | .50 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITU | RES : | MONTH-OF-PAYMENT R | EPOR' | r for Jan | 2004 THRU | DEC | 2004 | P. | AGE 15,054 |
| MOP024 | FEE-FOR-SERVICE | | _ | | _ | _ | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR CGF 30 | -33 | 35 40 42 3A-3M 3P | 3R 3t | U 3W 4C-40 | | | | ~ = | |
| 1 220 ELICIPIES | HORDO | IINITEO OE OEDIIIO | | | 7. 7. 7. 7. | | M | | | | |
| 1,338 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | | | T UNITS/DAY | - | | | COST PER |

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

| @OPTOMETRIST | 25 | 73 | \$ | 1,684.40 | \$ | 23.07 | .055 | \$ 67.38 | \$ | 1.26 |
|------------------------------|-------------------------|------------|----------|------------------|--------|-------------|-------------|-----------|----|------------|
| DIAGNOSTIC AND ANC. PROCED | 21 | 23 | | 963.39 | | 41.89 | .017 | 45.88 | | .72 |
| EYE APPLIANCES | 16 | 48 | | 685.60 | | 14.28 | .036 | 42.85 | | .51 |
| OTHER OPTOMETRIC SERVICES | 1 | 2 | | 35.41 | | 17.71 | .001 | 35.41 | | .03 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | | .00 | .000 | | Ś | .00 |
| VISITS | 0 | 0 | ۲ | .00 | | .00 | .000 | .00 | Y | .00 |
| | 0 | 0 | | | | | | | | |
| OTHER SERVICES | | | | .00 | | .00 | .000 | .00 | | .00 |
| @PODIATRIST | 1 | 1 | \$ | 62.41 | | 62.41 | .001 | | Ş | .05 |
| MEDICINE/INJECTIONS | 1 | 1 | | 62.41 | | 62.41 | .001 | 62.41 | | .05 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 1CR | \$ | 30.13 | | 30.13 | .001CR | | \$ | .02CR |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | | .00 | | \$.00 | \$ | .00 |
| | 0 | 0 | \$ | .00 | | .00 | | \$.00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ \$ | | | | | • | | |
| PEDIATRIC NURSE PRACTITIONER | U | - | | .00 | | .00 | .000 | • | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | | .00 | | \$.00 | \$ | .00 |
| @TOTAL HOSPITAL | 286 | 762 | \$ | 234,277.29 | | 307.45 | .570 | | \$ | 175.10 |
| HOSP INPATIENT TOTAL | 3 | 111 | | 214,556.82 | | 1932.94 | .083 | 71518.94 | | 160.36 |
| HSC HOSPITALS | 1 | 1 | | 1,890.00 | | 1890.00 | .001 | 1890.00 | | 1.41 |
| NON-HSC HOSPITAL TOTAL | 2 | 110 | | 212,666.82 | | 1933.33 | .082 | 106333.41 | | 158.94 |
| ACCOMMODATIONS | 2 | 110 | | 50,859.48 | | 462.36 | .082 | 25429.74 | | 38.01 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | | |
| TRANSITIONAL IP CARE | | | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 110 | | 50,859.48 | | 462.36 | .082 | 25429.74 | | 38.01 |
| ANCILLARIES | 2 | 0 | | 161,807.34 | | .00 | .000 | 80903.67 | | 120.93 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 283 | 651 | | 19,720.47 | | 30.29 | .487 | 69.68 | | 14.74 |
| MEDICAL | 34 | 39 | | 1,771.82 | | 45.43 | .029 | 52.11 | | 1.32 |
| SURGERY | 11 | 12 | | 155.16 | | 12.93 | .009 | 14.11 | | .12 |
| PATHOLOGY | 46 | 194 | | 2,738.35 | | 14.12 | .145 | 59.53 | | 2.05 |
| | 34 | | | | | | | | | |
| RADIOLOGY | | 40 | | 2,000.19 | | 50.00 | .030 | 58.83 | | 1.49 |
| ROOM USE | 99 | 114 | | 4,117.93 | | 36.12 | .085 | 41.60 | | 3.08 |
| CROSSOVERS/ALL OTH OUTPINT | 200 | 252 | | 8,937.02 | | 35.46 | .188 | 44.69 | | 6.68 |
| @COUNTY HOSPITAL TOTAL | 7 | 22 | \$ | 1,122.94 | \$ | 51.04 | .016 | \$ 160.42 | \$ | .84 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | Ö | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | | |
| ALL OTHER ACCOM | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 7 | 22 | | 1,122.94 | | 51.04 | .016 | 160.42 | | .84 |
| MEDICAL | 5 | 6 | | 266.19 | | 44.37 | .004 | 53.24 | | .20 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 1 | 4 | | 44.85 | | 11.21 | .003 | 44.85 | | .03 |
| | 3 | 1 | | | | | | | | |
| RADIOLOGY | <u>o</u> | 4 | | 133.13 | | 33.28 | .003 | 44.38 | | .10 |
| ROOM USE | 5 | 6 | | 216.72 | | 36.12 | .004 | 43.34 | | .16 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | | 462.05 | | 231.03 | .001 | 231.03 | | .35 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | EXPENDITUR | ES MC | NTH-OF-PAYMENT | REPOR' | T FOR JAN 2 | 2004 THRU D | EC 2004 | P | AGE 15,055 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | CGF 30- | 33 35 | 5 40 42 3A-3M 3P | 3R 31 | U 3W 4C-4G | | | | |
| | | | | | | | | | | |

| 1,338 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | AVERAGE COST | UNITS/DAY | S COST PER | C | OST PER |
|-----------------------------|-------|------------------|----|--------------|--------------|-----------|------------|----|---------|
| | | OR DAYS OF CAR | C | | PER UNIT/DAY | _ | | | LIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 279 | 740 | \$ | 233,154.35 | \$ 315.07 | .553 | • | \$ | |
| COMM HOSP INPATIENT TOTAL | 3 | 111 | | 214,556.82 | 1932.94 | .083 | 71518.94 | | 160.36 |
| HSC HOSPITALS | 1 | 1 | | 1,890.00 | 1890.00 | .001 | 1890.00 | | 1.41 |
| NON-HSC HOSPITALS TOTAL | 2 | 110 | | | 1933.33 | .082 | 106333.41 | | 158.94 |
| ACCOMMODATIONS | 2 | 110 | | 50,859.48 | 462.36 | .082 | 25429.74 | | 38.01 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 110 | | 50,859.48 | 462.36 | .082 | 25429.74 | | 38.01 |
| ANCILLARIES | 2 | 0 | | 161,807.34 | .00 | .000 | 80903.67 | | 120.93 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 276 | 629 | | 18,597.53 | 29.57 | .470 | 67.38 | | 13.90 |
| MEDICAL | 29 | 33 | | 1,505.63 | 45.63 | .025 | 51.92 | | 1.13 |
| SURGERY | 11 | 12 | | 155.16 | 12.93 | .009 | 14.11 | | .12 |
| PATHOLOGY | 45 | 190 | | 2,693.50 | 14.18 | .142 | 59.86 | | 2.01 |
| RADIOLOGY | 31 | 36 | | 1,867.06 | 51.86 | .027 | 60.23 | | 1.40 |
| ROOM USE | 94 | 108 | | 3,901.21 | 36.12 | .081 | 41.50 | | 2.92 |
| CROSSOVERS/ALL OTH OUTPTNT | 198 | 250 | | 8,474.97 | 33.90 | .187 | 42.80 | | 6.33 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |

----- MONTHLY AVERAGE -----

| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|----------------------|----------------|-----|--------------------|--------|----------|-----------|-----|--------|----|------------|
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 68 | 207 | \$ | 2,691.66 | \$ | 13.00 | .155 | \$ | 39.58 | \$ | 2.01 |
| PATHOLOGY | 68 | 207 | | 2,691.66 | | 13.00 | .155 | | 39.58 | | 2.01 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2,269 | 3,192 | \$ | 199,791.26 | \$ | 62.59 | 2.386 | \$ | 88.05 | \$ | 149.32 |
| CLINIC | 24 | 240 | | 5,047.07 | | 21.03 | .179 | | 210.29 | | 3.77 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 2,247 | 2 , 952 | | 194,744.19 | | 65.97 | 2.206 | | 86.67 | | 145.55 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ID EXPENDITU | RES | MONTH-OF-PAYMENT F | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 15,056 |
| MOP024 | FEE-FOR-SERVICE/DENT | 'AL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR CGF 30 | -33 | 35 40 42 3A-3M 3P | 3R 3U | 3W 4C-40 | Ē | | | | |

| | 00111111111 01 021 | | | 00 10 12 011 011 01 | 010 00 011 10 10 | MC | NTHLY AVERA | GE |
|--------------------------------|--------------------|----------------|----|---------------------|------------------|------------|-------------|-----------|
| 1,338 ELIGIBLES | USERS | UNITS OF SERVI | CE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CA | RE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 4,248 | 13,436 | \$ | 165,714.15 | \$ 12.33 | 10.042 | \$ 39.01 | \$ 123.85 |
| DURABLE MED. EQUIP. | 1 | 1 | | 123.75 | 123.75 | .001 | 123.75 | .09 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 14 | 288 | | 4,417.24 | 15.34 | .215 | 315.52 | 3.30 |
| AMBULANCES/AIR TRANS | 14 | 286 | | 2,607.36 | 9.12 | .214 | 186.24 | 1.95 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 2 | 2 | | 1,809.88 | 904.94 | .001 | 904.94 | 1.35 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 59 | 60 | | 6,300.00 | 105.00 | .045 | 106.78 | 4.71 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 12 | 52 | | 5,713.40 | 109.87 | .039 | 476.12 | 4.27 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1,015 | 2,138 | | 18,454.01 | 8.63 | 1.598 | 18.18 | 13.79 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3,169 | 10,893 | | 130,103.45 | 11.94 | 8.141 | 41.06 | 97.24 |
| EPSDT SUPPLEMENTAL SERVICE | 4 | 2 | | 472.50 | 236.25 | .001 | 118.13 | .35 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 2 | | 129.80 | 64.90 | .001 | 129.80 | .10 |
| @CALIF. CHILDREN SERVICES* | 23 | 184 | \$ | 211,692.15 | \$ 1150.50 | .138 | \$ 9204.01 | \$ 158.22 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,057 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

| SOLANO COUNTY | SUMMARY OF SERV | VICES FOR CASH GRANT - | TOTAL | | | | ~= |
|----------------------------|-----------------|------------------------|--------------------|----------------|--------|------------------|-------------|
| | | | | | | | GE |
| 2,427 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 38,057 | 241,589 \$ | 10,457,141.29 | \$ 43.28 | 99.542 | | \$ 4308.67 |
| @PHYSICIANS SERVICES | 426 | 1,026 \$ | 37 , 133.93 | \$ 36.19 | .423 | | • |
| OUTPATIENT VISITS | 217 | 258 | 11,220.33 | 43.49 | .106 | 51.71 | 4.62 |
| OFFICE VISITS | 103 | 115 | 3,765.23 | 32.74 | .047 | 36.56 | 1.55 |
| HOME VISITS | 4 | 5 | 201.17 | 40.23 | .002 | 50.29 | .08 |
| EMERGENCY ROOM | 89 | 105 | 6,058.21 | 57.70 | .043 | 68.07 | 2.50 |
| PREVENTIVE CARE | 2 | 2 | 115.68 | 57.84 | .001 | 57.84 | .05 |
| OB VISITS/COMPRE PERI | 2 | 4 | 241.92 | 60.48 | .002 | 120.96 | .10 |
| OTHER OUTPATIENT | 25 | 27 | 838.12 | 31.04 | .011 | 33.52 | .35 |
| INPATIENT VISITS | 22 | 69 | 3,008.55 | 43.60 | .028 | 136.75 | 1.24 |
| HOSPITAL VISITS | 18 | 60 | 2,541.61 | 42.36 | .025 | 141.20 | 1.05 |
| CRITICAL CARE | 2 | 3 | 202.44 | 67.48 | .001 | 101.22 | .08 |
| SNF/ICF/TRANS IP CARE | 4 | 6 | 264.50 | 44.08 | .002 | 66.13 | .11 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 76.37 | 38.19 | .001 | 38.19 | .03 |
| EXAMINATIONS | 2 | 2 | 76.37 | 38.19 | .001 | 38.19 | .03 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 11 | 52 | 3,464.55 | 66.63 | .021 | 314.96 | 1.43 |
| PRINCIPAL SURGEON | 5 | 9 | 2,233.87 | 248.21 | .004 | 446.77 | .92 |
| ASSISTANT SURGEON | 1 | 1 | 93.25 | 93.25 | .000 | 93.25 | .04 |
| | 6 | 42 | | | | | |
| ANESTHESIOLOGIST | 28 | 42 | 1,137.43 | 27.08 75.32 | .017 | 189.57 123.74 | .47 1.43 |
| OUTPATIENT SURGERY | | | 3,464.81 | | .019 | | |
| PRINCIPAL SURGEON | 25 | 30 | 2,882.94 | 96.10 | .012 | 115.32 | 1.19 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 4 2 | 16 | 581.87 | 36.37 | .007 | 145.47 | .24 |
| DIALYSIS | | 14 | 441.10 | 31.51 | .006 | 220.55 | .18 |
| PATHOLOGY | 32 | 173 | 823.30 | 4.76 | .071 | 25.73 | .34 |
| RADIOLOGY | 93 | 146 | 6,630.90 | 45.42 | .060 | 71.30 | 2.73 |
| PSYCHIATRY | 2 | 2 | 60.54 | 30.27 | .001 | 30.27 | .02 |
| IMMUNIZATION AND INJECTION | 8 | 12 | 1,904.43 | 158.70 | .005 | 238.05 | .78 |
| OTHER SERVICES/ALL X-OVERS | 116 | 252 | 6,039.05 | 23.96 | .104 | 52.06 | 2.49 |
| @PHARMACY | 13,038 | 45,095 \$ | 5,856,017.17 | \$ 129.86 | 18.581 | | • |
| PRESCRIPTION DRUGS | 12,830 | 26,328 | 5,827,079.90 | 221.33 | 10.848 | 454.18 | 2400.94 |
| SNF/ICF | 488 | 1,655 | 260,260.21 | 157.26 | .682 | 533.32 | 107.24 |
| OUTPATIENTS | 12,379 | 24,673 | 5,566,819.69 | 225.62 | 10.166 | 449.70 | 2293.70 |
| MEDICAL SUPPLIES | 268 | 18,767 | 28,937.27 | 1.54 | 7.733 | 107.97 | 11.92 |
| @DENTIST | 13,336 | 67 , 019 \$ | 1,940,222.27 | \$ 28.95 | 27.614 | | |
| VISITS - DIAGNOSTIC | 10,020 | 47 , 622 | 628,284.37 | 13.19 | 19.622 | 62.70 | 258.87 |
| ORAL SURGERY | 1,814 | 4,256 | 221,972.40 | 52.16 | 1.754 | 122.37 | 91.46 |
| DRUGS | 292 | 345 | 7,089.18 | 20.55 | .142 | 24.28 | 2.92 |
| ANESTHESIA | 67 | 69 | 6,500.00 | 94.20 | .028 | 97.01 | 2.68 |
| PERIODONTICS | 424 | 436 | 45,039.80 | 103.30 | .180 | 106.23 | 18.56 |
| ENDODONTICS | 689 | 1,020 | 153,241.72 | 150.24 | .420 | 222.41 | 63.14 |
| RESTORATIVE DENTISTRY | 3,666 | 9,742 | 489,847.60 | 50.28 | 4.014 | 133.62 | 201.83 |
| PROSTHETICS | 56 | 58 | 1,726.00 | 29.76 | .024 | 30.82 | .71 |
| DENTURES, STAYPLATES | 894 | 2,747 | 350,512.45 | 127.60 | 1.132 | 392.07 | 144.42 |
| SPACE MAINTAINERS | 38 | 49 | 5,385.00 | 109.90 | .020 | 141.71 | 2.22 |
| MAXILLOFACIAL SERVICES | 11 | 12 | 600.00 | 50.00 | .005 | 54.55 | .25 |
| FRACTURES, DISLOCATIONS | 1 | 1 | 700.00 | 700.00 | .000 | 700.00 | .29 |
| ORTHODONTIC SERVICES | 343 | 414 | 28,423.75 | 68.66 | .171 | 82.87 | 11.71 |
| ALL OTHER SERVICES | 252 | 248 | 900.00 | 3.63 | .102 | 3.57 | .37 |
| | | | | | | | |

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,058 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

| | | | | | | THLY AVERAGE | |
|------------------------------------|---------------|------------------|--------------|--------------|---------|--------------|----------|
| 2,427 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @OPTOMETRIST | 42 | 128 \$ | 2,879.06 | \$ 22.49 | .053 \$ | | |
| DIAGNOSTIC AND ANC. PROCED | 30 | 33 | 1,379.98 | 41.82 | .014 | 46.00 | .57 |
| EYE APPLIANCES | 32 | 92 | 1,394.77 | 15.16 | .038 | 43.59 | .57 |
| OTHER OPTOMETRIC SERVICES | 2 | 3 | 104.31 | 34.77 | .001 | 52.16 | .04 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 5 | 7 \$ | 155.34 | \$ 22.19 | .003 \$ | | .06 |
| MEDICINE/INJECTIONS | 3 | 3 | 143.61 | 47.87 | .001 | 47.87 | .06 |
| SURGERY/ANES. | 1 | 1 | 11.00 | 11.00 | .000 | 11.00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 2 | 3 | .73 | .24 | .001 | .37 | .00 |
| @HOME HEALTH AGENCY | 5 | 38 \$ | 2,725.48 | \$ 71.72 | .016 \$ | 545.10 \$ | 1.12 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| @TOTAL HOSPITAL | 462 | 1,571 \$ | 492,924.72 | \$ 313.76 | | 1066.94 \$ | |
| HOSP INPATIENT TOTAL | 28 | 252 | 455,579.03 | 1807.85 | .104 | 16270.68 | 187.71 |
| HSC HOSPITALS | 9 | 38 | 54,509.28 | 1434.45 | .016 | 6056.59 | 22.46 |
| NON-HSC HOSPITAL TOTAL | 19 | 214 | 405,341.75 | 1894.12 | .088 | 21333.78 | 167.01 |
| ACCOMMODATIONS | 19 | 214 | 122,883.91 | 574.22 | .088 | 6467.57 | 50.63 |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 1 | 6 | 1,340.48 | 223.41 | .002 | 1340.48 | .55 |
| | 0 | 0 | | .00 | | | .00 |
| TRANSITIONAL IP CARE | 19 | 208 | .00 | 584.34 | .000 | .00 | |
| ALL OTHER ACCOM | 19 | | 121,543.43 | | .086 | 6397.02 | 50.08 |
| ANCILLARIES | | 0 | 282,457.84 | .00 | .000 | 14866.20 | 116.38 |
| INPATIENT CROSSOVERS | 1 0 435 | - | 4,272.00CF | | .000 | 4272.00CR | 1.76CR |
| ALL OTHER INPATIENT | 405 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 435 | 1,319 | 37,345.69 | 28.31 | .543 | 85.85 | 15.39 |
| MEDICAL | 5 / | 69 | 3,378.79 | 48.97 | .028 | 59.28 | 1.39 |
| SURGERY | 23 | 26 | 439.09 | 16.89 | .011 | 19.09 | .18 |
| PATHOLOGY | 87 | 413 | 4,839.46 | 11.72 | .170 | 55.63 | 1.99 |
| RADIOLOGY | 69 | 79 | 6,961.54 | 88.12 | .033 | 100.89 | 2.87 |
| ROOM USE | 170 | 210 | 7,973.32 | 37.97 | .087 | 46.90 | 3.29 |
| CROSSOVERS/ALL OTH OUTPTNT | 295 | 522 | 13,753.49 | 26.35 | .215 | 46.62 | 5.67 |
| @COUNTY HOSPITAL TOTAL | 15 | 51 \$ | 14,703.91 | \$ 288.31 | | 980.26 \$ | |
| CO HOSPITAL INPATIENT TOTAL | 1 | 12 | 13,200.00 | 1100.00 | .005 | 13200.00 | 5.44 |
| HSC HOSPITALS | 1 | 12 | 13,200.00 | 1100.00 | .005 | 13200.00 | 5.44 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 14 | 39 | 1,503.91 | 38.56 | .016 | 107.42 | .62 |
| MEDICAL | 6 | 7 | 312.25 | 44.61 | .003 | 52.04 | .13 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 4 | 11 | 141.71 | 12.88 | .005 | 35.43 | .06 |
| 11111011001 | 7 | ± ± | T-1 - / T | 12.00 | .000 | 55.45 | .00 |

RADIOLOGY 4 6 174.35 29.06 .002 43.59 .07 9 ROOM USE 11 401.66 36.51 .005 44.63 .17 CROSSOVERS/ALL OTH OUTPTNT 4 4 473.94 118.49 .002 118.49 .20 PAGE 15,059 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR CASH GR | ANT | - TOTAL | | | | ~- | |
|---|------------------------------|--------------------|------------|---------------------|---------------|--------------|-------------|----------|------------|
| | | | | | | | THLY AVERAC | | |
| 2,427 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | | | COST PER |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | | OR DAYS OF CARE | | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 447 | 1 , 520 | \$ | 478 , 220.81 | \$ 314.62 | | 1069.85 | \$ | 197.04 |
| COMM HOSP INPATIENT TOTAL | 27 | 240 | | 442,379.03 | 1843.25 | .099 | 16384.41 | | 182.27 |
| HSC HOSPITALS | 8 | 26 | | 41,309.28 | 1588.82 | .011 | 5163.66 | | 17.02 |
| NON-HSC HOSPITALS TOTAL | 19 | 214 | | 405,341.75 | 1894.12 | .088 | 21333.78 | | 167.01 |
| ACCOMMODATIONS | 19 | 214 | | 122,883.91 | 574.22 | .088 | 6467.57 | | 50.63 |
| ADMINISTRATIVE DAYS | 1 | 6 | | 1,340.48 | 223.41 | .002 | 1340.48 | | .55 |
| TRANSITIONAL IP CARE | 19 1 0 19 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 19 | 208 | | 121,543.43 | 584.34 | .086 | 6397.02 | | 50.08 |
| ANCILLARIES | 19 | 0 | | 282,457.84 | .00 | .000 | 14866.20 | | 116.38 |
| INPATIENT CROSSOVERS | 1 | 0 | | 4,272.00CF | | .000 | 4272.00CF | _ | 1.76CR |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .\ | .00 |
| | 421 | 1,280 | | | 28.00 | .527 | 85.13 | | 14.77 |
| COMM HOSP OUTPATIENT TOTAL | 421 51 | | | 35,841.78 | | | | | |
| MEDICAL | | 62 | | 3,066.54 | 49.46 | .026 | 60.13 | | 1.26 |
| SURGERY | 23 | 26 | | 439.09 | 16.89 | .011 | 19.09 | | .18 |
| PATHOLOGY | 83 | 402 | | 4,697.75 | 11.69 | .166 | 56.60 | | 1.94 |
| RADIOLOGY | 65 | 73 | | 6,787.19 | 92.98 | .030 | 104.42 | | 2.80 |
| ROOM USE | 161 | 199 | | 7,571.66 | 38.05 | .082 | 47.03 | | 3.12 |
| CROSSOVERS/ALL OTH OUTPTNT | | 518 | | 13 , 279.55 | 25.64 | .213 | 45.63 | | 5.47 |
| @STATE HOSPITAL | 1.3 | 489 | \$ | 251,746.22 | \$ 514.82 | .201 | \$ 19365.09 | \$ | 103.73 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 13 | 489 | | 251,746.22 | 514.82 | .201 | 19365.09 | | 103.73 |
| @NURSING FACILITY | 19 | 738 | \$ | 98,888.36 | \$ 134.00 | .304 | \$ 5204.65 | \$ | 40.75 |
| LEV A-INTERMEDIATE | 0 13 19 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 19 1 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 19 | 738 | | 98,888.36 | 134.00 | .304 | 5204.65 | | 40.75 |
| @INTERMEDIATE CARE FACILDD | 1 | 31 | \$ | 4,624.27 | \$ 149.17 | .013 | \$ 4624.27 | \$ | 1.91 |
| ICF DDH | 1 | 31 | · | 4,624.27 | 149.17 | .013 | 4624.27 | | 1.91 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 11 | 53 | Ś | 7,770.34 | \$ 146.61 | .022 | | Ś | 3.20 |
| HOSPITAL BASED | 0 | 0 | 7 | .00 | .00 | .000 | .00 | - | .00 |
| HEMODIALYSIS CENTER | 1 0 0 11 0 11 | 53 | | 7,770.34 | 146.61 | .022 | 706.39 | | 3.20 |
| @REHABILITATION FACILITY | 2 | 6 | Ś | 149.59 | \$ 24.93 | .002 | | Ś | .06 |
| HOSPITAL BASED | | 1 | Y | 52.62 | 52.62 | .000 | 52.62 | Y | .02 |
| INDEPENDENT FACILITY | 1 | 5 | | 96.97 | 19.39 | .002 | 96.97 | | .02 |
| @LABORATORY FACILITY | 1 130 129 | 508 | Ś | 6,280.82 | \$ 12.36 | .209 | | ċ | 2.59 |
| PATHOLOGY | 130 | 498 | ې | | 12.41 | .205 | 47.90 | Ą | 2.55 |
| | 129 | 10 | | 6,178.62 102.20 | 10.22 | .004 | | | .04 |
| XO AND OTHERS | | | Ċ | | | | 102.20 | <u>_</u> | |
| @ORGANIZED OUTPATIENT CLINIC | | 6,055 | \$ | 383,155.63 | \$ 63.28 | 2.495 | | Þ | 157.87 |
| CLINIC | 75 | 707 | | 14,637.67 | 20.70 | .291 | 195.17 | | 6.03 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | 1 | 6 | | 91.01 | 15.17 | .002 | 91.01 | | .04 |
| RURAL HEALTH CLINIC | 3,873 | 5,342 | 50. | 368,426.95 | 68.97 | 2.201 | 95.13 | _ | 151.80 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | LES AND EXPENDITUR | ES M | ONTH-OF-PAYMENT RE | EPORT FOR JAN | ∠∪U4 THRU DI | SC 2004 | Ρ | AGE 15,060 |

| SOLANO COUNTI | SUMMARI OF SER | VICES FOR CASH GRAN | I - IOIAL | | MON | 1011111 7 717D7 | CE |
|--------------------------------|----------------|---------------------|--------------|---------------|-------------------|-----------------|----------|
| 2 427 BITCIDIES | HOEDO | UNITS OF SERVICE | EXPENDITURES | ATTEDACE COCH | MON UNITS/DAYS | COST PER | COST PER |
| 2,427 ELIGIBLES | USERS | | EXPENDITURES | | | | |
| | 0 407 | OR DAYS OF CARE | 1 272 460 00 | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 9,407 | 118,825 \$ | , - , | \$ 11.55 | 48.960 \$ | | |
| DURABLE MED. EQUIP. | 9 | 20 | 5,222.51 | 261.13 | .008 | 580.28 | 2.15 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 39 | 1,128 | 8,607.95 | 7.63 | .465 | 220.72 | 3.55 |
| AMBULANCES/AIR TRANS | 36 | 436 | 5,247.07 | 12.03 | .180 | 145.75 | 2.16 |
| OTHER TRANS | 3 | 690 | 1,551.00 | 2.25 | .284 | 517.00 | .64 |
| OTHER SERVICES | 2 | 2 | 1,809.88 | 904.94 | .001 | 904.94 | .75 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 64 | 834 | 58,068.00 | 69.63 | .344 | 907.31 | 23.93 |
| GENETIC DISEASE TESTING | 77 | 78 | 8,190.00 | 105.00 | .032 | 106.36 | 3.37 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1,187 | 18 , 882 | 830,257.56 | 43.97 | 7.780 | 699.46 | 342.09 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 3 , 092 | 6 , 579 | 68,405.07 | 10.40 | 2.711 | 22.12 | 28.19 |
| PHYSICAL THERAPIST | 1 | 1 | 1.87 | 1.87 | .000 | 1.87 | .00 |
| PORTABLE X-RAY | 2 | 8 | 238.61 | 29.83 | .003 | 119.31 | .10 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 99.19 | 49.60 | .001 | 99.19 | .04 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 4,935 | 36,762 | 370,880.56 | 10.09 | 15.147 | 75.15 | 152.81 |
| EPSDT SUPPLEMENTAL SERVICE | . 6 | 193 | 6,089.81 | 31.55 | .080 | 1014.97 | 2.51 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| • | | | | | | | |

| ALL OTHER PROVIDERS | 84 | 54,338 | 16,406.96 | .30 | 22.389 | 195.32 | 6.76 |
|-------------------------------|----|--------|------------------|--------------|--------|---------------|--------------|
| @CALIF. CHILDREN SERVICES* | 59 | 990 | \$ 244,502.17 | \$ 246.97 | .408 | \$ 4144.10 | \$ 100.74 |
| @XOVER EXCLUDING STATE HOSP** | 98 | 916 | \$ 7,712.49 | \$ 8.42 | .377 | \$ 78.70 | \$ 3.18 |

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,061 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
|----------------------------|-----------------|----------|--------|----------|--------------|-----|-----------|------------|-----|-------------|----------|
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR | 185% P | ROGRAM - | INFANTS | AID | CODES 47 | 69 | | | |
| | | | | | | | | MO | TNC | HLY AVERAGE | |
| 41 ELIGIBLES | USERS | UNITS OF | SERVIC | Έ | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 3 | COST PER | COST PER |
| | | OR DAYS | OF CAR | Œ | | PER | UNIT/DAY | PER ELIG | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 359 | | 547 | .— \$ | 30,186.20 | \$ | 55.19 | 13.341 | Ś | 84.08 \$ | |
| @PHYSICIANS SERVICES | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 \$ | |
| OUTPATIENT VISITS | 0 | | 0 | т | .00 | Τ | .00 | .000 | т | .00 | .00 |
| OFFICE VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| HOME VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| EMERGENCY ROOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| PREVENTIVE CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| | 0 | | 0 | | | | | | | | |
| OB VISITS/COMPRE PERI | • | | • | | .00 | | .00 | .000 | | .00 | .00 |
| OTHER OUTPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| INPATIENT VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| HOSPITAL VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| CRITICAL CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| EXAMINATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| SERVICES AND MATERIALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| OUTPATIENT SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| DIALYSIS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| PSYCHIATRY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| @PHARMACY | 1 | | 2 | \$ | 26.05CR | Ś | 13.03CR | .049 | \$ | 26.05CR\$ | .64CR |
| PRESCRIPTION DRUGS | 1 | | 2 | Υ | 26.05CR | Ψ | 13.03CR | .049 | ۲ | 26.05CR | .64CR |
| SNF/ICF | <u> </u> | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| OUTPATIENTS | 1 | | 2 | | 26.05CR | | 13.03CR | .049 | | 26.05CR | .64CR |
| | T | | 0 | | | | .00 | .000 | | .00 | |
| MEDICAL SUPPLIES | 0 | | 6 | Ċ | .00 | \$ | | | Ċ | | .00 |
| @DENTIST | 4 | | | \$ | 150.00 | Ş | 25.00 | .146 | \$ | 37.50 \$ | |
| VISITS - DIAGNOSTIC | 3 | | 4 | | 67.00 | | 16.75 | .098 | | 22.33 | 1.63 |
| ORAL SURGERY | 1 | | 2 | | 83.00 | | 41.50 | .049 | | 83.00 | 2.02 |
| DRUGS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ANESTHESIA | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| PERIODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ENDODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| PROSTHETICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| | | | | | | | | | | | |

| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|----------------------|---------------------|----------------------|------------|-------------|------|-------------|
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ID EXPENDITURES MON | TH-OF-PAYMENT REPORT | FOR JAN 20 | 04 THRU DEC | 2004 | PAGE 15,062 |
| MOP024 | FEE-FOR-SERVICE/DENT | AL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR 185% PROGRAM | - INFANTS AID | CODES 47 6 | 9 | | |

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS SOLANO COUNTY ----- MONTHLY AVERAGE -----41 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 0 .00 .000 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES 0 .000 .00 .00 @CHIROPRACTOR 0 .00 .00 .000 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 0 .00 .000 .00 \$.00 @PODIATRIST .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 0 .00 OTHER .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 0 .00 NURSE ANESTHESIST .00 \$.00 .000 \$ Ś .00 .00 .000 .00 NURSE MIDWIFE .00 .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 Ś .00 @TOTAL HOSPITAL 128.34 42.78 .073 42.78 3.13 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT 128.34 42.78 .073 42.78 HOSP OUTPATIENT TOTAL 3.13 MEDICAL 0 .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PATHOLOGY RADIOLOGY 0 .00 .00 .000 .00 .00 .00 0 .00 .00 .000 .00 ROOM USE 128.34 42.78 .073 42.78 CROSSOVERS/ALL OTH OUTPINT 3.13 0 .00 .00 .00 @COUNTY HOSPITAL TOTAL .000 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 . 00 . 00 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 . 00 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 0 .00 ALL OTHER ACCOM .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

| | _ | _ | | | | | |
|---|-----------------|------------------------|--------------------|------------------|---------------|-----------|-------------|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITURES M | MONTH-OF-PAYMENT R | REPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 15,063 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR 185% PROGRA | M - INFANTS | AID CODES 47 | 69 | | |
| | | | | | MONT | HLY AVERA | GE |
| 41 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 3 | 3 \$ | 128.34 | \$ 42.78 | .073 \$ | 42.78 | \$ 3.13 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3 | 3 | 128.34 | 42.78 | .073 | 42.78 | 3.13 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 3 | 128.34 | 42.78 | .073 | 42.78 | 3.13 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | | | | | | |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ 0 | .00 | \$.00 | .000 \$ | .00 | · |
| ICF DDH | 0 | · · | .00 | .00 | .000 | .00 | .00 |
| ICF DD | U | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

0 0 0

0 0 0

\$

0

0

0

0 0 0

HEMODIALYSIS CENTER

HOSPITAL BASED

PATHOLOGY

XO AND OTHERS

@LABORATORY FACILITY

@REHABILITATION FACILITY

INDEPENDENT FACILITY

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

| OODCANIEDD OURDARIDMR OF THE | 2.40 | F22 ¢ | 20 002 00 | ć FC 10 | 10 076 6 | 05 66 | ć 700 10 |
|---|---|--------------------------|---|-----------------|-------------------|-----------------|-------------------|
| @ORGANIZED OUTPATIENT CLINIC CLINIC | 349 1 | 532 \$ 16 | 29,893.99 307.68 | | 12.976 \$.390 | 85.66 307.68 | \$ 729.12 7.50 |
| SURGICENTER | 0 | 0 | .00 | | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | 516 | 29,586.31 | | 12.585 | | 721.62 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES MON | | | | | |
| MOP024 | FEE-FOR-SERVICE | | .111 01 1111111111111111111111111111111 | | 2001 111110 220 | 2001 | 03/14/05 |
| SOLANO COUNTY | | ICES FOR 185% PROGRAM | - INFANTS | AID CODES 47 | 69 | | , , |
| | | | | | MONT | HLY AVERA | GE |
| 41 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | |
| @ALL OTHER PROVIDERS | 2 | 4 \$ | 39.92 | \$ 9.98 | .098 \$ | | • |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | 1 | 2 | 19.12 | 9.56 | .049 | 19.12 | .47 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TROSTILLICS | 0 | 0 | .00 | .00 | | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | U | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | 20.80 | | | 20.80 | .51 |
| LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE | | 2 | .00 | 10.40 | .049 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | | .000 \$ | .00 | |
| QXOVER EXCLUDING STATE HOSP** | · 0 | 0 \$ | .00 | | .000 \$ | .00 | |
| @* TOTALS IN THESE LINES ARE | | • • | | ٠٠٠ | .000 9 | .00 | ٠٠٠ |
| THE AMOUNTS ARE ALREADY IN | | | • | | | | |
| ** THESE DATA ARE INCLUDED 1 | | | 110011. | | | | |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES MON | TH-OF-PAYMENT R | EPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 15.065 |
| MOP024 | FEE-FOR-SERVICE | | .111 01 1111111111111111111111111111111 | | LOOT THEO DEC | 2001 | 03/14/05 |
| | | ICES FOR 185% PROGRAM | - PREGNANT A | ID CODES 44 48 | 49 | | 00/11/00 |
| 00221110 0001111 | 001111111111111111111111111111111111111 | 1020 1011 1000 111001411 | | 12 00220 11 10 | MONT | HLY AVERA | GE |
| 5,971 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| ., | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 4,770 | 33,214 \$ | 3,668,993.54 | \$ 110.47 | 5.563 \$ | 769.18 | |
| @PHYSICIANS SERVICES | 2,370 | 9,047 \$ | 475,772.29 | \$ 52.59 | 1.515 \$ | 200.75 | |
| OUTPATIENT VISITS | 943 | 1,861 | 104,717.86 | 56.27 | .312 | 111.05 | 17.54 |
| OFFICE VISITS | 97 | 109 | 9,231.22 | 84.69 | .018 | 95.17 | 1.55 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 152 | 168 | 11,253.97 | 66.99 | .028 | 74.04 | 1.88 |
| | | | | | | | |

| PREVENTIVE CARE | 4 | 4 | 170.68 | 42.67 | . (| 01 | 42.67 | .03 |
|----------------------------|-----|-------|-----------------|-------------|-----|----|-------------|-------------|
| OB VISITS/COMPRE PERI | 713 | 1,580 | 84,061.99 | 53.20 | | 65 | 117.90 | 14.08 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | . (| 00 | .00 | .00 |
| INPATIENT VISITS | 325 | 731 | 45,652.01 | 62.45 | | 22 | 140.47 | 7.65 |
| HOSPITAL VISITS | 307 | 569 | 25,118.52 | 44.15 | . (| 95 | 81.82 | 4.21 |
| CRITICAL CARE | 23 | 162 | 20,533.49 | 126.75 | . (| 27 | 892.76 | 3.44 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | . (| 00 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | . (| 00 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | . (| 00 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | . (| 00 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 496 | 2,368 | 243,280.10 | 102.74 | • | 97 | 490.48 | 40.74 |
| PRINCIPAL SURGEON | 314 | 324 | 193,087.48 | 595.95 | . (| 54 | 614.93 | 32.34 |
| ASSISTANT SURGEON | 44 | 44 | 7,627.16 | 173.34 | . (| 07 | 173.34 | 1.28 |
| ANESTHESIOLOGIST | 181 | 2,000 | 42,565.46 | 21.28 | • | 35 | 235.17 | 7.13 |
| OUTPATIENT SURGERY | 165 | 322 | 24,045.99 | 74.68 | . (| 54 | 145.73 | 4.03 |
| PRINCIPAL SURGEON | 153 | 209 | 20,618.29 | 98.65 | . (| 35 | 134.76 | 3.45 |
| ASSISTANT SURGEON | 1 | 1 | 141.88 | 141.88 | . (| 00 | 141.88 | .02 |
| ANESTHESIOLOGIST | 34 | 112 | 3,285.82 | 29.34 | . (| 19 | 96.64 | .55 |
| DIALYSIS | 0 | 0 | .00 | .00 | . (| 00 | .00 | .00 |
| PATHOLOGY | 489 | 2,538 | 7,555.88 | 2.98 | | 25 | 15.45 | 1.27 |
| RADIOLOGY | 608 | 855 | 40,679.25 | 47.58 | • | 43 | 66.91 | 6.81 |
| PSYCHIATRY | 1 | 1 | 73.29 | 73.29 | . (| 00 | 73.29 | .01 |
| IMMUNIZATION AND INJECTION | 48 | 129 | 1,548.38 | 12.00 | . (| 22 | 32.26 | .26 |
| OTHER SERVICES/ALL X-OVERS | 152 | 242 | 8,219.53 | 33.97 | . (| 41 | 54.08 | 1.38 |
| @PHARMACY | 984 | 1,941 | \$ 64,162.65 | \$ 33.06 | • | 25 | \$ 65.21 | \$ 10.75 |
| PRESCRIPTION DRUGS | 909 | 1,582 | 41,101.09 | 25.98 | • | 65 | 45.22 | 6.88 |
| SNF/ICF | 0 | 0 | .00 | .00 | . (| 00 | .00 | .00 |
| OUTPATIENTS | 909 | 1,582 | 41,101.09 | 25.98 | • | 65 | 45.22 | 6.88 |
| MEDICAL SUPPLIES | 197 | 359 | 23,061.56 | 64.24 | . (| 60 | 117.06 | 3.86 |
| @DENTIST | 40 | 165 | \$ 2,126.00 | \$ 12.88 | . (| 28 | \$ 53.15 | \$.36 |
| VISITS - DIAGNOSTIC | 33 | 112 | 1,043.00 | 9.31 | . (| 19 | 31.61 | .17 |
| ORAL SURGERY | 8 | 12 | 415.00 | 34.58 | . (| 02 | 51.88 | .07 |

| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-----------------|------------------|-----------|--------------------|--------|-------------|-----------|--------|---------|------|------------|
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 1 | 1 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 1 | 1 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 11 | 38 | | 618.00 | | 16.26 | .006 | | 56.18 | | .10 |
| PROSTHETICS | 1 | 1 | | 50.00 | | 50.00 | .000 | | 50.00 | | .01 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 1 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAI CEDUT | CES AND EXPENDIT | IIDEC MON | | EDOD1 | | | חבים | | ъ | AGE 15,066 |
| MOP024 | | | OKES MON | IIN-OF-FAIMENI K | EFUK1 | I FOR JAN . | 2004 IRKO | | . 2004 | r. | 03/14/05 |
| MOPUZ4 SOLANO COUNTY | FEE-FOR-SERVICE | | DDOCDAM | DDECNAME A | TD CC | DEC 44 40 | 4.0 | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | /ICES FOR 185% | PROGRAM | - PREGNANT A | יום ככ | DES 44 48 | | _ N.T. | | C.E. | |
| | | | | | | | M | | | | |
| 5,971 ELIGIBLES | USERS | UNITS OF SERVI | | EXPENDITURES | | | UNITS/DAY | | | | COST PER |
| | | OR DAYS OF CA | | | | | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 66 | 111 | \$ | 5,849.31 | \$ | | .019 | \$ | | \$ | .98 |
| NURSE ANESTHESIST | 53 | 708 | S | 12,843.74 | | | .119 | | 242.33 | | 2.15 |
| NURSE MIDWIFE | 4 | 60 | Ś | | \$ | 23.61 | .010 | | | \$ | .24 |
| PEDIATRIC NURSE PRACTITIONER | | 0 | Š | .00 | \$ | .00 | .000 | | .00 | | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | Š | 25.26 | \$ | .00 | .000 | | .00 | | .00 |
| @TOTAL HOSPITAL | 2,220 | 15,584 | Š | 2,942,010.81 | Ś | | | | 1325.23 | | 492.72 |
| HOSP INPATIENT TOTAL | 452 | 1,789 | т | 2,594,745.81 | | 1450.39 | .300 | Τ. | 5740.59 | т | 434.56 |
| HSC HOSPITALS | 23 | 100 | | 147,668.21 | | 1476.68 | .017 | | 6420.36 | | 24.73 |
| NON-HSC HOSPITAL TOTAL | 429 | 1,689 | | 2,446,201.60 | | 1448.31 | .283 | | 5702.10 | | 409.68 |
| ACCOMMODATIONS | 429 | 1,689 | | 1,069,883.99 | | 633.44 | .283 | | 2493.90 | | 179.18 |
| ADMINISTRATIVE DAYS | 0 | 1,009 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 429 | 0 | | | | | | | | | |
| TRANSITIONAL IP CARE | 429 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | | 1,689 | | 1,069,883.99 | | 633.44 | .283 | | 2493.90 | | 179.18 |
| ANCILLARIES | 429 | 0 | | 1,376,317.61 | | .00 | .000 | | 3208.20 | | 230.50 |
| INPATIENT CROSSOVERS | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | .15 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2,026 | 13,795 | | 347,265.00 | | 25.17 | 2.310 | | 171.40 | | 58.16 |
| MEDICAL | 50 | 60 | | 2,644.13 | | 44.07 | .010 | | 52.88 | | . 44 |
| SURGERY | 113 | 133 | | 3,271.48 | | 24.60 | .022 | | 28.95 | | .55 |
| PATHOLOGY | 665 | 2,223 | | 21,388.78 | | 9.62 | .372 | | 32.16 | | 3.58 |
| RADIOLOGY | 492 | 564 | | 35 , 085.68 | | 62.21 | .094 | | 71.31 | | 5.88 |
| ROOM USE | 1,288 | 2,263 | | 81,608.08 | | 36.06 | .379 | | 63.36 | | 13.67 |
| CROSSOVERS/ALL OTH OUTPTNT | | 8 , 552 | | 203,266.85 | | 23.77 | 1.432 | | 131.56 | | 34.04 |
| @COUNTY HOSPITAL TOTAL | 22 | 154 | \$ | 9,777.49 | \$ | 63.49 | .026 | \$ | 444.43 | \$ | 1.64 |
| CO HOSPITAL INPATIENT TOTAL | | 4 | | 4,800.00 | | 1200.00 | .001 | | 4800.00 | | .80 |
| HSC HOSPITALS | 1 | 4 | | 4,800.00 | | 1200.00 | .001 | | 4800.00 | | .80 |
| | | | | | | | | | | | |

| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
|---|-----------------|----------------------|----------------|---------|---------------|--------------|----------|----|------------|
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 21 | 1.50 | 4,977 | | 33.18 | .025 | 237.02 | | .83 |
| MEDICAL | 0 | 0 | 4, 377 | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 13 | 20 | 590 | .91 | 30.00 | .003 | 46.15 | | .10 |
| PATHOLOGY | 10 | 55 | 1,264 | | 22.99 | .009 | 126.46 | | .21 |
| RADIOLOGY | 0 | 0 | 1,205 | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 12 | 36 | 2,318 | | 64.40 | .006 | 193.21 | | .39 |
| CROSSOVERS/ALL OTH OUTPTNT | 17 | 39 | | .53 | 20.37 | .007 | 46.74 | | .13 |
| #CALIF DEPT OF HEALTH SERV | - : | CES AND EXPENDITURES | | | | | | D | AGE 15,067 |
| MOP024 | FEE-FOR-SERVICE | | MONIN-OF-FAIME | INI KEE | OKI FOR DAN 2 | .UU4 INKU DE | C 2004 | Г | 03/14/05 |
| SOLANO COUNTY | | JICES FOR 185% PROG | DAM - DDECMANT | 7. T.F | CODES 44 48 | 10 | | | 03/14/03 |
| SOLANO COUNTI | SUMMAKI OF SEK | VICES FOR 100% FROG | MAM - FREGNANI | AIL | 0 00000 44 40 | MON | | CE | |
| 5,971 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITU | DEC | AVERAGE COST | | COST PER | | COST PER |
| J, 9/1 EDIGIBLES | OSEINS | OR DAYS OF CARE | DALPHOLIC | CHAI | PER UNIT/DAY | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,199 | 15,430 \$ | 2,932,233 | 3.2 | \$ 190.03 | | 1333.44 | | 491.08 |
| COMM HOSP INPATIENT TOTAL | 451 | 1,785 | 2,589,945 | | 1450.95 | .299 | 5742.67 | Y | 433.75 |
| HSC HOSPITALS | 22 | 1 , 783 | 142,868 | | 1488.21 | .016 | 6494.01 | | 23.93 |
| NON-HSC HOSPITALS TOTAL | 429 | 1,689 | 2,446,201 | | 1448.31 | .283 | 5702.10 | | 409.68 |
| ACCOMMODATIONS | 429 | 1,689 | 1,069,883 | | 633.44 | .283 | 2493.90 | | 179.18 |
| ADMINISTRATIVE DAYS | 429 | 1,009 | 1,009,000 | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 429 | 1,689 | 1,069,883 | | 633.44 | .283 | 2493.90 | | 179.18 |
| ANCILLARIES | 429 | 1,009 | 1,376,317 | | .00 | .000 | 3208.20 | | 230.50 |
| INPATIENT CROSSOVERS | 429 | 0 | | .00 | .00 | .000 | 876.00 | | .15 |
| ALL OTHER INPATIENT | 0 | 0 | 0 / 6 | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,006 | 13,645 | 342,287 | | 25.09 | 2.285 | 170.63 | | 57.32 |
| MEDICAL | 2,000 50 | 13,043 | 2,644 | | 44.07 | .010 | 52.88 | | .44 |
| SURGERY | 100 | 113 | 2,671 | | 23.64 | .019 | 26.72 | | .45 |
| PATHOLOGY | 655 | 2,168 | 20,124 | | 9.28 | .363 | 30.72 | | 3.37 |
| RADIOLOGY | 492 | 564 | 35,085 | | 62.21 | .094 | 71.31 | | 5.88 |
| ROOM USE | 1,277 | 2,227 | 79,289 | | 35.60 | .373 | 62.09 | | 13.28 |
| CROSSOVERS/ALL OTH OUTPTNT | • | 8,513 | 202,472 | | 23.78 | 1.426 | 132.42 | | 33.91 |
| @STATE HOSPITAL | 1,329 | 0,313 | • | .00 | \$.00 | .000 \$ | | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 \$ | .00 | ۲ | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 s | | .00 | \$.00 | .000 \$ | | Ś | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 \$ | .00 | ۲ | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING | U | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPIL BASED LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 0 \$ | | .00 | \$.00 | .000 \$ | | \$ | .00 |
| GINIERMEDIAIE CARE FACILDD | 0 | 0 7 | | .00 | ٠٠٠٠ | ۶ ۵۵۵ | .00 | ٻ | .00 |

0

0

0

0

0

0

0

0 0 0

\$

.00

.00

.00

.00

.00

.00

\$

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000 \$

.00

.00

.00

.00

.00

.00 \$

.00

.00

.00

.00

.00

.00

ICF DDH

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DD

| @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC | 0 | 0 0 0 2,377 2,377 0 | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
|---|----------------------|--|----------|---------------------------------|--------|--------------|-----------|-----|---------------|----|-----------|
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 1,010 | 2,377 | \$ | 36,816.14 | | | .398 | \$ | 36.45 | \$ | 6.17 |
| PATHOLOGY | 1,010 | 2 , 377 | | 36,816.14 | | 15.49 | | | 36.45 | | 6.17 |
| XO AND OTHERS | 0 | 0 2,491 | | .00 98,888.67 | | .00 | .000 | | | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 473 | 2,491 | | 98 , 888.67 | \$ | 39.70 | | | | \$ | |
| CLINIC | 335 | | | 66,434.96 | | 30.16 | .369 | | 198.31 | | 11.13 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 335 0 0 138 | 288 | | 32,453.71 | | | | | 235.17 | | 5.44 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | = | URES MON | ITH-OF-PAYMENT R | REPORT | r for jan 2 | 2004 THRU | DEC | 2004 | PA | GE 15,068 |
| | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR 185% | PROGRAM | - PREGNANT A | AID CO | DDES 44 48 | 49 | | | | |
| | | | | | | | | | HLY AVERA | | |
| 5,971 ELIGIBLES | USERS | UNITS OF SERVI | CE | EXPENDITURES | AVE | ERAGE COST | UNITS/DA | YS | COST PER | C | OST PER |
| | | OR DAYS OF CA | RE | | PEF | R UNIT/DAY | | | USER | E | LIGIBLE |
| 5,971 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | 211 | 730 | \$ | 29,081.92 | \$ | | .122 | \$ | 137.83 | \$ | 4.87 |
| DURABLE MED. EQUIP. | 0 | 0 0 0 542 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 9,551.24 | | .00 | .000 | | .00 397.97 | | .00 |
| MEDICAL TRANSPORTATION | 24 | 542 | | 9,551.24 | | 17.62 | .091 | | 397.97 | | 1.60 |
| AMBULANCES/AIR TRANS | 24 | 540 | | 6,476.24 | | 11.99 | .090 | | 269.84 | | 1.08 |
| OTHER TRANS | 0 | 0 | | .00 | | 0.0 | .000 | | .00 | | .00 |
| OTHER SERVICES | 2 | 2 | | 3,075.00 | | 1537.50 | .000 | | | | .51 |
| ACIIPIINCTIIRE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | . 00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 178 | 178 | | .00 .00 18,690.00 | | 105 00 | 030 | | 105 00 | | 3.13 |
| THMC MODEL-NE NE AIDS MSSP | 1,0 | 1,0 | | .00 | | .00 | 000 | | 105.00 | | .00 |
| OCCUPATIONAL THERAPIET | 0 | 0 | | 0.0 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 0 | 542 540 0 2 0 0 178 0 0 0 | | .00 .00 .00 .00 .00 | | .00 | 000 | | 0.0 | | .00 |
| DUVCICAI TUEDADICT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DODTABLE V-DAV | 0 | 0 | | .00 | | 0.0 | 0.00 | | .00 | | .00 |
| DDOGHALLATION / ODMAOMICANG | 9 | 1.0 | | 840 68 | | .00 84.07 | .000 | | .00 93.41 | | .14 |
| DDOCELLETION OKTHOLISIS | 9 | 10 | | 840.68 | | 84.07 | .002 | | 93.41 | | .14 |
| ODMIOMICS | 9 | 0 | | .00 | | .00 | .002 | | .00 | | .00 |
| DCVCHOLOCICE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSICHOLOGISI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPEECH AND AUDIOLOGI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | | | .000 | | .00 | | |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | | | .00 | .000 | | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | | .00 | | | | | .00 |
| RESPIRATORY CARE PRACT. | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | U | 0 | | .00 | | .00 | | | | | .00 |
| ALL OTHER PROVIDERS | U | - | | .00 | | .00 | | | .00 | | .00 |
| @CALIF. CHILDREN SERVICES* | 8 | 66 | Ş | 59,191.05 | | 896.83 | | | 7398.88 | | 9.91 |
| ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN | <u>_</u> | 0 | \$ | 876.00 | Ş | .00 | .000 | \$ | 876.00 | Ş | .15 |
| 0* TOTALS IN THESE LINES ARE | GIVEN AS A SEPAR | | | | | | | | | | |
| | OHODED IN IND IN | | | ABOVE. | | | | | | | |
| ** THESE DATA ARE INCLUDED I | | | | | | _ | | | | | |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDIT | URES MON | ITH-OF-PAYMENT R | REPORT | r for Jan 2 | 2004 THRU | DEC | 2004 | PA | GE 15,069 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR 60-DA | Y POST E | PARTUM PROGRAM | | AID CODE | | | | | |
| 4.0 - | | | | | | | | | HLY AVERA | | |
| 18 ELIGIBLES | USERS | UNITS OF SERVI | | EXPENDITURES | | ERAGE COST | | | COST PER | | OST PER |

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

| ^ | 1.0 | 0.0 | | 1.65 0.0 | | | 1 000 | 4 16 60 | • • • | |
|----------------------------|------------------|------------------|-------|-------------------|-------|-----------|-------------|------------|---------|-----|
| @TOTAL, ALL PROVIDERS | 10 | 23 | \$ | 165.99 | \$ | 7.22 | | \$ 16.60 | • | |
| @PHYSICIANS SERVICES | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | | |
| OUTPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | | 0 |
| OFFICE VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | | 0 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| | 0 | 0 | | | | | | | | |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| SNF/ICF/TRANS IP CARE | Ü | U | | .00 | | .00 | .000 | .00 | | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | 0 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 (|
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| | 0 | 0 | | | | | | | | |
| ASSISTANT SURGEON | | 0 | | .00 | | .00 | .000 | .00 | | |
| ANESTHESIOLOGIST | 0 | U | | .00 | | .00 | .000 | .00 | | |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | 0 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| @PHARMACY | 3 | 4 | \$ | 34.52 | \$ | 8.63 | .222 | | | |
| PRESCRIPTION DRUGS | 3 | Δ | 7 | 34.52 | т. | 8.63 | .222 | 11.51 | | |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| OUTPATIENTS | 3 | 4 | | 34.52 | | 8.63 | .222 | 11.51 | | |
| | 3 | 0 | | | | | | | | |
| MEDICAL SUPPLIES | 0 | U | Ċ | .00 | Ċ | .00 | .000 | .00 | | |
| @DENTIST | 2 | / | \$ | .00 | \$ | .00 | | \$.00 | | |
| VISITS - DIAGNOSTIC | 2 | 5 | | .00 | | .00 | .278 | .00 | | |
| ORAL SURGERY | 1 | 1 | | .00 | | .00 | .056 | .00 | | |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | | 0 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | | 0 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 |
| RESTORATIVE DENTISTRY | 1 | 1 | | .00 | | .00 | .056 | .00 | .0 | 0 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .0 | 0 (|
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| | 0 | 0 | | | | | | | | |
| FRACTURES, DISLOCATIONS | | 0 | | .00 | | .00 | .000 | .00 | | |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | | |
| #CALIF DEPT OF HEALTH SERV | | | ES MC | NTH-OF-PAYMENT RI | EPORT | FOR JAN 2 | 2004 THRU I | DEC 2004 | • | |
| MOP024 | FEE-FOR-SERVICE, | | | | | | | | 03/14 | /05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR 60-DAY | POST | PARTUM PROGRAM | | AID CODE | 76 | | | |
| | | | | | | | MC | NTHLY AVER | AGE | - |
| 18 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | COST PER | COST PE | ıR |
| | | OR DAYS OF CARE | | | PER | UNIT/DAY | PER ELIG | USER | ELIGIBL | E |
| | | | | | | | | | | |

| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
|------------------------------|---|---|-------------|-------------|------|-------------|------------|
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 1 | 3 | \$ 34.97 | \$ 11.66 | .167 | \$ 34.97 | \$ 1.94 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 1 | 3 | 34.97 | 11.66 | .167 | 34.97 | 1.94 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| RADIOLOGY | 1 | 1 | 11.59 | 11.59 | .056 | 11.59 | .64 |
|-----------------------------|--------------------------|------------|---------------------|------------------|------------|--------------|-------------|
| ROOM USE | 1 | 1 | 17.49 | 17.49 | .056 | 17.49 | .97 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 1 | 5.89 | 5.89 | .056 | 5.89 | .33 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURES | MONTH-OF-PAYMENT RE | PORT FOR JAN 200 | 04 THRU DE | C 2004 | PAGE 15,071 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | 60-DAY PO | ST PARTUM PROGRAM | AID CODE 76 | 6 | | |
| | | | | | MON | THLY AVERAGE | ፯ |

USERS 18 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE 3 \$ 34.97 11.66 .167 \$ 34.97 \$ 1.94 @COMMUNITY HOSPITAL TOTAL 1 0 .00 .000 .00 COMM HOSP INPATIENT TOTAL .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .00 .000 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 34.97 11.66 .167 34.97 1.94 MEDICAL .00 .00 .000 .00 .00 0 .00 .00 .00 SURGERY .000 .00 0 0 PATHOLOGY .00 .00 .000 .00 .00 .64 RADIOLOGY 1 11.59 11.59 .056 11.59 17.49 .97 ROOM USE 17.49 .056 17.49 CROSSOVERS/ALL OTH OUTPTNT 5.89 5.89 .056 5.89 .33 @STATE HOSPITAL .00 \$.00 .000 \$.00 \$. 00 MENTALLY ILL .00 .00 .000 .00 .00 0 0 .00 DEVELOP. DISABLED .00 .00 .000 .00 @NURSING FACILITY Ω .00 .00 .000 \$.00 \$.00 .00 .00 .00 .00 LEV A-INTERMEDIATE .000 .00 .00 .00 LEV B-REHAB MD .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 . 00 .00 .00 .00 .000 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .000 .00 .00 0 .00 LEV B-REGULAR .00 .000 .00 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 \$.00 \$.00

| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-------------------------|------------|--------------|----------|--------|------------|---------|--------|---------|-------|------------|
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 3 | 5 | \$ | 71.27 | \$ | 14.25 | .278 | \$ | 23.76 | \$ | 3.96 |
| PATHOLOGY | 3 | 5 | | 71.27 | | 14.25 | .278 | | 23.76 | | 3.96 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 4 | \$ | 25.23 | \$ | 6.31 | .222 | \$ | 25.23 | \$ | 1.40 |
| CLINIC | 1 | 4 | | 25.23 | | 6.31 | .222 | | 25.23 | | 1.40 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDITUR: | ES MONTH-OF- | -PAYMENT | REPORT | FOR JAN 20 | 04 THRU | DEC 2 | 004 | PF | AGE 15,072 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | 60-DAY | POST PARTUM | PROGRAM | | AID CODE 7 | 6 | | | | |
| | | | | | | - | N | MONTHL | Y AVERA | ωGE - | |

| 18 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | וואודיים / סיידואוו | COST PER | COST PER |
|-----------------------------------|---------------|--------------------------|---------------|--------------|---------------------|----------|----------|
| 10 FILGIPIES | USEKS | OR DAYS OF CARE | FVLFINDIIOVES | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | OR DAIS OF CARE | .00 | \$.00 | .000 \$ | .00 \$ | - |
| DURABLE MED. EQUIP. | 0 | 0 2 | .00 | .00 | .000 \$ | .00 \$ | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| 0* TOTALS IN THESE LINES ARE CIVE | IN AS A SEDAD | PATE THEORMATION ITEM ON | T.V • | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

03/14/05

----- MONTHLY AVERAGE -----

SOLANO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

| | | | | | | M | ONTHLY AVERA | 4GE | |
|----------------------------|-------|------------------|---|--------------------|--------------|-------------|--------------|-----|----------|
| 6,030 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | T UNITS/DAY | S COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | Y PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 5,139 | 33,784 \$ | 5 | 3,699,345.73 | \$ 109.50 | 5.603 | \$ 719.86 | \$ | 613.49 |
| @PHYSICIANS SERVICES | 2,370 | 9,047 \$ | 3 | 475,772.29 | \$ 52.59 | 1.500 | \$ 200.75 | \$ | 78.90 |
| OUTPATIENT VISITS | 943 | 1,861 | | 104,717.86 | 56.27 | .309 | 111.05 | | 17.37 |
| OFFICE VISITS | 97 | 109 | | 9,231.22 | 84.69 | .018 | 95.17 | | 1.53 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 152 | 168 | | 11,253.97 | 66.99 | .028 | 74.04 | | 1.87 |
| PREVENTIVE CARE | 4 | 4 | | 170.68 | 42.67 | .001 | 42.67 | | .03 |
| OB VISITS/COMPRE PERI | 713 | 1,580 | | 84,061.99 | 53.20 | .262 | 117.90 | | 13.94 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 325 | 731 | | 45,652.01 | 62.45 | .121 | 140.47 | | 7.57 |
| HOSPITAL VISITS | 307 | 569 | | 25,118.52 | 44.15 | .094 | 81.82 | | 4.17 |
| CRITICAL CARE | 23 | 162 | | 20,533.49 | 126.75 | .027 | 892.76 | | 3.41 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | | | .00 | .00 | .000 | .00 | | |
| EXAMINATIONS | • | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 496 | 2,368 | | 243,280.10 | 102.74 | .393 | 490.48 | | 40.34 |
| PRINCIPAL SURGEON | 314 | 324 | | 193,087.48 | 595.95 | .054 | 614.93 | | 32.02 |
| ASSISTANT SURGEON | 44 | 44 | | 7,627.16 | 173.34 | .007 | 173.34 | | 1.26 |
| ANESTHESIOLOGIST | 181 | 2,000 | | 42 , 565.46 | 21.28 | .332 | 235.17 | | 7.06 |
| OUTPATIENT SURGERY | 165 | 322 | | 24 , 045.99 | 74.68 | .053 | 145.73 | | 3.99 |
| PRINCIPAL SURGEON | 153 | 209 | | 20,618.29 | 98.65 | .035 | 134.76 | | 3.42 |
| ASSISTANT SURGEON | 1 | 1 | | 141.88 | 141.88 | .000 | 141.88 | | .02 |
| ANESTHESIOLOGIST | 34 | 112 | | 3,285.82 | 29.34 | .019 | 96.64 | | .54 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 489 | 2,538 | | 7,555.88 | 2.98 | .421 | 15.45 | | 1.25 |
| RADIOLOGY | 608 | 855 | | 40,679.25 | 47.58 | .142 | 66.91 | | 6.75 |
| PSYCHIATRY | 1 | 1 | | 73.29 | 73.29 | .000 | 73.29 | | .01 |
| IMMUNIZATION AND INJECTION | 48 | 129 | | 1,548.38 | 12.00 | .021 | 32.26 | | .26 |
| OTHER SERVICES/ALL X-OVERS | 152 | 242 | | 8,219.53 | 33.97 | .040 | 54.08 | | 1.36 |
| @PHARMACY | 988 | 1,947 \$ | 5 | 64,171.12 | \$ 32.96 | .323 | \$ 64.95 | Ś | 10.64 |
| PRESCRIPTION DRUGS | 913 | 1,588 | | 41,109.56 | 25.89 | .263 | 45.03 | | 6.82 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 913 | 1,588 | | 41,109.56 | 25.89 | .263 | 45.03 | | 6.82 |
| MEDICAL SUPPLIES | 197 | 359 | | 23,061.56 | 64.24 | .060 | 117.06 | | 3.82 |
| @DENTIST | 46 | 178 \$ | ; | 2,276.00 | \$ 12.79 | .030 | | Ś | .38 |
| VISITS - DIAGNOSTIC | 38 | 121 | • | 1,110.00 | 9.17 | .020 | 29.21 | ٧ | .18 |
| ORAL SURGERY | 10 | 15 | | 498.00 | 33.20 | .002 | 49.80 | | .08 |
| DRUGS | 0 | 0 | | .00 | .00 | .002 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 1 | 1 | | .00 | .00 | .000 | .00 | | .00 |
| | 1 | 1 | | | | | | | |
| ENDODONTICS | 12 | | | .00 | .00 | .000 | .00 | | .00 |
| RESTORATIVE DENTISTRY | | 39 | | 618.00 | 15.85 | .006 | 51.50 | | .10 |
| PROSTHETICS | 1 | 1 | | 50.00 | 50.00 | .000 | 50.00 | | .01 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 1 | 0 | | .00 | .00 | .000 | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,074 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

| SOLANO COUNTY | SUMMARY OF SERV | VICES FOR 185% AN | 1D 60- | -DAY PP TOTAL, CO | DES | 44 4 / 48 49 | | | | C.F. | |
|------------------------------------|-----------------|-------------------|---------|-------------------|-----|--------------|-------|----|-----------|------|----------|
| 6 020 51 16151 56 | | | | | | | | | HLY AVERA | | |
| 6,030 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | ERAGE COST | | | | | COST PER |
| | | OR DAYS OF CARE | | | | R UNIT/DAY | | | USER | _ | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 66 | 111 | \$ | | \$ | 52.70 | .018 | Ś | | \$ | .97 |
| NURSE ANESTHESIST | 53 | 708 | \$ | 12,843.74 | \$ | 18.14 | | \$ | 242.33 | \$ | 2.13 |
| NURSE MIDWIFE | 4 | 60 | \$ | 1,416.75 | \$ | 23.61 | | \$ | 354.19 | \$ | .23 |
| PEDIATRIC NURSE PRACTITIONER | = | 0 | \$ | .00 | Ś | .00 | | \$ | .00 | Ś | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | 25.26 | \$ | .00 | | \$ | .00 | | .00 |
| @TOTAL HOSPITAL | 2,224 | 15,590 | ۶ \$ | | | 188.72 | 2.585 | | 1322.92 | | 487.92 |
| - | 2,224 452 | 1,789 | Ş | 2,594,745.81 | ې | 1450.39 | .297 | Ş | 5740.59 | ې | 430.31 |
| HOSP INPATIENT TOTAL | 23 | • | | | | | | | | | |
| HSC HOSPITALS | | 100 | | 147,668.21 | | 1476.68 | .017 | | 6420.36 | | 24.49 |
| NON-HSC HOSPITAL TOTAL | 429 | 1,689 | | 2,446,201.60 | | 1448.31 | .280 | | 5702.10 | | 405.67 |
| ACCOMMODATIONS | 429 | 1,689 | | 1,069,883.99 | | 633.44 | .280 | | 2493.90 | | 177.43 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 429 | 1,689 | | 1,069,883.99 | | 633.44 | .280 | | 2493.90 | | 177.43 |
| ANCILLARIES | 429 | 0 | | 1,376,317.61 | | .00 | .000 | | 3208.20 | | 228.25 |
| INPATIENT CROSSOVERS | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | .15 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2,030 | 13,801 | | 347,428.31 | | 25.17 | 2.289 | | 171.15 | | 57.62 |
| MEDICAL | 50 | 60 | | 2,644.13 | | 44.07 | .010 | | 52.88 | | .44 |
| SURGERY | 113 | 133 | | 3,271.48 | | 24.60 | .022 | | 28.95 | | .54 |
| PATHOLOGY | 665 | 2,223 | | 21,388.78 | | 9.62 | .369 | | 32.16 | | 3.55 |
| RADIOLOGY | 493 | 565 | | 35,097.27 | | 62.12 | .094 | | 71.19 | | 5.82 |
| ROOM USE | 1,289 | 2,264 | | 81,625.57 | | 36.05 | .375 | | 63.32 | | 13.54 |
| CROSSOVERS/ALL OTH OUTPTNT | | 8,556 | | 203,401.08 | | 23.77 | 1.419 | | 131.31 | | 33.73 |
| @COUNTY HOSPITAL TOTAL | . 22 | 154 | \$ | 9,777.49 | \$ | 63.49 | .026 | \$ | 444.43 | \$ | 1.62 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 4 | | 4,800.00 | | 1200.00 | .001 | · | 4800.00 | · | .80 |
| HSC HOSPITALS | 1 | 4 | | 4,800.00 | | 1200.00 | .001 | | 4800.00 | | .80 |
| NON-HSC HOSPITALS TOTAL | 0 | Ō | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | • | | | | | | | | | | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 21 | 150 | | 4,977.49 | | 33.18 | .025 | | 237.02 | | .83 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 13 | 20 | | 599.91 | | 30.00 | .003 | | 46.15 | | .10 |
| PATHOLOGY | 10 | 55 | | 1,264.56 | | 22.99 | .009 | | 126.46 | | .21 |
| | | | | | | | | | | | |

| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|--------------|--------------------------|---------------|----------|--------|-------------|
| ROOM USE | 12 | 36 | 2,318.49 | 64.40 | .006 | 193.21 | .38 |
| CROSSOVERS/ALL OTH OUTPINT | 17 | 39 | 794.53 | 20.37 | .006 | 46.74 | .13 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 2004 | THRU DEC | 2004 | PAGE 15,075 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES F | OR 185% AND | 60-DAY PP TOTAL, CODES 4 | 4 47 48 49 69 | 76 | | |

| | | | | | | Mo | ONTHLY AVERA | GE |
|----------------------------|-------|------------------|----|--------------------|--------------|------------|--------------|-----------|
| 6,030 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVERAGE COST | UNITS/DAY: | S COST PER | COST PER |
| | | OR DAYS OF CAR | 2 | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,203 | 15 , 436 | \$ | 2,932,396.63 | \$ 189.97 | 2.560 | \$ 1331.09 | \$ 486.30 |
| COMM HOSP INPATIENT TOTAL | 451 | 1,785 | | 2,589,945.81 | 1450.95 | .296 | 5742.67 | 429.51 |
| HSC HOSPITALS | 22 | 96 | | 142,868.21 | 1488.21 | .016 | 6494.01 | 23.69 |
| NON-HSC HOSPITALS TOTAL | 429 | 1,689 | | 2,446,201.60 | 1448.31 | .280 | 5702.10 | 405.67 |
| ACCOMMODATIONS | 429 | 1,689 | | 1,069,883.99 | 633.44 | .280 | 2493.90 | 177.43 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 429 | 1,689 | | 1,069,883.99 | 633.44 | .280 | 2493.90 | 177.43 |
| ANCILLARIES | 429 | 0 | | 1,376,317.61 | .00 | .000 | 3208.20 | 228.25 |
| INPATIENT CROSSOVERS | 1 | 0 | | 876.00 | .00 | .000 | 876.00 | .15 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,010 | 13,651 | | 342,450.82 | 25.09 | 2.264 | 170.37 | 56.79 |
| MEDICAL | 50 | 60 | | 2,644.13 | 44.07 | .010 | 52.88 | .44 |
| SURGERY | 100 | 113 | | 2,671.57 | 23.64 | .019 | 26.72 | .44 |
| PATHOLOGY | 655 | 2,168 | | 20,124.22 | 9.28 | .360 | 30.72 | 3.34 |
| RADIOLOGY | 493 | 565 | | 35 , 097.27 | 62.12 | .094 | 71.19 | 5.82 |
| ROOM USE | 1,278 | 2,228 | | 79,307.08 | 35.60 | .369 | 62.06 | 13.15 |
| CROSSOVERS/ALL OTH OUTPINT | 1,533 | 8 , 517 | | 202,606.55 | 23.79 | 1.412 | 132.16 | 33.60 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|---------------------|---------------|--------|--------------------|--------|--------------|---------|-----|--------|----|-----------|
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 1,013 | 2,382 | \$ | 36,887.41 | \$ | 15.49 | .395 | \$ | 36.41 | \$ | 6.12 |
| PATHOLOGY | 1,013 | 2,382 | | 36,887.41 | | 15.49 | .395 | | 36.41 | | 6.12 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 823 | 3,027 | \$ | 128,807.89 | | 42.55 | .502 | \$ | 156.51 | \$ | 21.36 |
| CLINIC | 337 | 2,223 | | 66 , 767.87 | | 30.04 | .369 | | 198.12 | | 11.07 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 486 | 804 | | 62,040.02 | | 77.16 | .133 | | 127.65 | | 10.29 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES . | AND EXPENDITU | RES M | MONTH-OF-PAYMENT F | REPORT | FOR JAN 200 | 04 THRU | DEC | 2004 | PP | GE 15,076 |
| MOP024 | FEE-FOR-SERVICE/DE | NTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICE | S FOR 185% A | .ND 60 | -DAY PP TOTAL, CO | DDES 4 | 4 47 48 49 6 | 59 76 | | | | |

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 6,030 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 734 \$ 39.68 136.72 \$ @ALL OTHER PROVIDERS 213 29,121.84 .122 \$ 4.83 .00 0 0 .00 .00 DURABLE MED. EQUIP. .000 .00 .00 0 0 .00 .00 BLOOD BANK .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 9,551.24 397.97 MEDICAL TRANSPORTATION 542 17.62 .090 1.58 24 540 6,476.24 11.99 .090 269.84 1.07 AMBULANCES/AIR TRANS OTHER TRANS 0 .00 .00 .000 .00 .00 1537.50 OTHER SERVICES 3,075.00 .000 1537.50 .51 .00 .00 .000 .00 ACUPUNCTURE 0 0 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 178 178 18,690.00 GENETIC DISEASE TESTING 105.00 .030 105.00 3.10 0 0 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 19.12 9.56 .000 19.12 .00 .00 .00 .00 PHYSICAL THERAPIST .000 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 1.0 840.68 84.07 .002 93.41 .14 10 840.68 84.07 .002 93.41 PROSTHETICS 0 .00 .00 .00 ORTHOTICS .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 20.80 10.40 .000 20.80 LOCAL EDUCATION AGENCIES .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00

.00

.00

.000

.00

.00

PED SUBACUTE REHAB/WEANING

| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|----|-----------------|--------------|------|---------------|------------|
| @CALIF. CHILDREN SERVICES* | 8 | 66 | \$ 59,191.05 | \$ 896.83 | .011 | \$ 7398.88 | \$ 9.82 |
| @XOVER EXCLUDING STATE HOSP** | 1 | 0 | \$ 876.00 | \$.00 | .000 | \$ 876.00 | \$.15 |

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,077
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| SOLANO COUNTY | SUMMARY OF SERV | JICES FOR TITLE I | I DIS | REGARD - AGED | | AID CODE | 16 | | | | |
|----------------------------|-----------------|-------------------|-------|---------------|----|------------|------------|-----|-----------|----|----------|
| | | | | | | | MC | NT | HLY AVERA | GE | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AV | ERAGE COST | UNITS/DAYS | 3 (| COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PΕ | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 197 | 639 | \$ | 47,531.48 | \$ | 74.38 | .000 | \$ | 241.28 | \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| OUTPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | · | .00 |
| OFFICE VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 52 | 8 | \$ | 12,934.34 | \$ | 1616.79 | .000 | \$ | 248.74 | \$ | .00 |
| PRESCRIPTION DRUGS | 39 | 58 | | 12,475.34 | | 215.09 | .000 | | 319.88 | | .00 |
| SNF/ICF | 7 | 11 | | 1,215.82 | | 110.53 | .000 | | 173.69 | | .00 |
| OUTPATIENTS | 32 | 47 | | 11,259.52 | | 239.56 | .000 | | 351.86 | | .00 |
| MEDICAL SUPPLIES | 13 | 50CR | | 459.00 | | 9.18CR | | | 35.31 | | .00 |
| @DENTIST | 44 | 240 | \$ | 7,062.00 | \$ | 29.43 | .000 | \$ | 160.50 | \$ | .00 |
| VISITS - DIAGNOSTIC | 36 | 167 | | 1,687.00 | | 10.10 | .000 | | 46.86 | | .00 |
| ORAL SURGERY | 8 | 15 | | 735.00 | | 49.00 | .000 | | 91.88 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 1 | 1 | | 25.00 | | 25.00 | .000 | | 25.00 | | .00 |
| ENDODONTICS | 2 | 2 | | 475.00 | | 237.50 | .000 | | 237.50 | | .00 |
| RESTORATIVE DENTISTRY | 5 | 10 | | 989.00 | | 98.90 | .000 | | 197.80 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| DENTURES, STAYPLATES | 9 | 44 | 3,151.00 | 71.61 | .000 | 350.11 | .00 |
|----------------------------|-------------------------|------------------|-------------------------|-----------|--------------|--------|-------------|
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 3 | 1 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 2 | 004 THRU DEC | 2004 | PAGE 15,078 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | Ĺ | | | | | 03/14/05 |
| COLVIO COLINARA | CIIMMADV OF CEDUTCEC EC | י דד ים דיתית מכ | DICDECADD - ACED | VID CODE | 16 | | |

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR TITLE I | I DIS | REGARD - AGED | | AID CODE | 16 | | | | |
|------------------------------------|----------------|-------------------|-------|---------------|-----|------------|-----------|-----|-----------|----|----------|
| | | | | | | | M | CNO | HLY AVERA | GE | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PEF | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | ' | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ś | | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | - | .00 | 7 | .00 | .000 | - | .00 | 7 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | Ö | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | Ś | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | Ś | .00 | Ś | .00 | | \$ | .00 | Ś | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | Ψ | .00 | ۲ | .00 | .000 | Y | .00 | Ψ | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | Ś | .00 | .000 | ¢ | .00 | Ś | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | Y | .00 | ٧ | .00 | .000 | Y | .00 | Y | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| THACTHIMITTIO | U | O | | .00 | | . 0 0 | .000 | | .00 | | .00 |

| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|----------------------|----------------|-------------------------|----------|--------------|-------------|-------------|
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,079 |
| MOP024 | FEE-FOR-SERVICE/DENT | AL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR TITLE II D | ISREGARD - AGED | AID CODE | 16 | | |
| | | | | | MON' | THLY AVERAC | E |

| | | | | | MONT | HLY AVERAG | E |
|-----------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| HOSPITAL BASED | 0 | 0 7 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| HOSPITAL BASED | 0 | 0 7 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 \$ | .00 | .00 |
| | 0 | 0 | .00 | | .000 | .00 | .00 |
| XO AND OTHERS | U | U | .00 | .00 | .000 | .00 | .00 |

| @ORGANIZED OUTPATIENT CLINIC | 8 | | 14 | \$ | 822.55 | \$ | 58.75 | | \$ 102.82 | \$ | .00 |
|--------------------------------|-----------------|----------|----------|------|--------------------|-------|----------|-------------|-------------|----|-------------|
| CLINIC | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SURGICENTER | U | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | U | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RURAL HEALTH CLINIC | 8 | | 14 | | 822.55 | | 58.75 | .000 | 102.82 | _ | .00 |
| #CALIF DEPT OF HEALTH SERV | | - | PENDITUR | ES M | ONTH-OF-PAYMENT R | EPORT | FOR JAN | 2004 THRU D | EC 2004 | F | PAGE 15,080 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR | TITLE I | I DI | SREGARD - AGED | | AID CODE | | | | |
| | | | | | | | | | NTHLY AVERA | - | |
| 00 ELIGIBLES | USERS | UNITS OF | - | | EXPENDITURES | | | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS | OF CARE | | | | UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 107 | | 377 | \$ | 26 , 712.59 | \$ | 70.86 | .000 | | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| BLOOD BANK | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER TRANS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 86 | | 323 | | 26,054.49 | | 80.66 | .000 | 302.96 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OPTICIAN | 27 | | 54 | | 658.10 | | 12.19 | .000 | 24.37 | | .00 |
| PHYSICAL THERAPIST | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ORTHOTICS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |

| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | . 00 |
|--|---|------------------|--------|-----|---------|--------|------|
| NONINST BIRTHING CENTERS | Ö | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| OH HOMET C THE MURICIPAL TRUE AND CITIES I | | 110001/2 m = 011 | | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,081 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

| BOLLING GOONTI | SOURTH OF SERVICES | , 1010 111111 1 | | ELECTRIC BEIND | 1111 | CODED 20 | MC | יחדאו | עדע אזייםא | CF - | |
|--|--------------------|-------------------------------|----------|----------------|--|-----------|------------|-------|-----------------------|----------|----------|
| 00 ELIGIBLES | USERS UNI | mc of debittor | | EXPENDITURES | 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7 | DACE COCE | UNITS/DAYS | | nli Avera COST PER | - | COST PER |
| 00 FFIGIPTE2 | | TS OF SERVICE DAYS OF CARE | | EXPENDITORES | | UNIT/DAY | PER ELIG | , (| USER | | ELIGIBLE |
| AMOMAI ALI DDOMIDEDO | 16 | DAIS OF CARE | ċ | 3,424.16 | | 64.61 | .000 | ċ | 214.01 | | |
| @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES | 0 | 0 | \$ \$ | .00 | \$ \$ | .00 | | \$ | .00 | \$ \$ | .00 |
| OUTPATIENT VISITS | 0 | 0 | ې | .00 | Ą | .00 | .000 | ۲ | .00 | ۲ | .00 |
| OFFICE VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | | .000 | | .00 | | |
| CRITICAL CARE SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | | | .00 | | .00 |
| | 0 | 0 | | .00 | | | .000 | | .00 | | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | | | .00 | .000 | | | | .00 |
| EXAMINATIONS | 0 | • | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | | | .00 | | | | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | U | 0 | | .00 | | .00 | .000 | _ | .00 | | .00 |
| @PHARMACY | 8 | 11 | \$ | 760.19 | \$ | 69.11 | .000 | Ş | 95.02 | \$ | .00 |
| PRESCRIPTION DRUGS | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL SUPPLIES | 8 | 11 | _ | 760.19 | _ | 69.11 | .000 | _ | 95.02 | _ | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
|------------------------------|------------------|-------------------|-------|---------------------|---------------|--------------|-------------|------|------------|
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | |
| DENTURES, STAYPLATES | U | U | | .00 | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | U | U | | .00 | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITU | RES N | MONTH-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU DE | EC 2004 | PI | AGE 15,082 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | 03/14/05 |
| SOLANO COUNTY | | ICES FOR TITLE | TT D | ISREGARD - BLIND | AID CODES 26 | 6 A | | | 00/11/00 |
| BOLING COUNTY | Sommitt of Shirt | ,1000 1010 11110 | | IONEOTHE DETINE | THE CODES 20 | MON | THILY AVERA | CF - | |
| OO ELICIPIES | HCEDC | INTER OF CERTIC | D. | EADENDIMIDEC | ATTEDACE COCH | | | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | | | COST PER |
| | | OR DAYS OF CAR | | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | | Ş | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | · | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @PODIATRIST | 0 | 0 | Ś | .00 | \$.00 | .000 | | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | Ÿ | .00 | .00 | .000 | .00 | Ÿ | .00 |
| | 0 | 0 | | | | | | | |
| SURGERY/ANES. | U | • | | .00 | .00 | .000 | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$.00 | .000 | | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | Ś | .00 | \$.00 | .000 | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | Ś | .00 | \$.00 | .000 | | Ś | .00 |
| HOSP INPATIENT TOTAL | Ô | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | .00 | .00 | .000 | .00 | | |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | | | | | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | U | • | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | Ö | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | |
| RADIOLOGY | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | • | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | | | | | | | | | |

| NON HOO HOODIMALO MOMAL | 0 | 0 | 0.0 | 0.0 | 0.00 | 0.0 | .00 |
|-----------------------------|--------------------|-----------------------|-------------------|-----------------|--------------|------------|-------------|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | • | ŭ | .00 | | .000 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | O - | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | S AND EXPENDITURES MO | NTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DE | | PAGE 15,083 |
| MOP024 | FEE-FOR-SERVICE/I | DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICE | ES FOR TITLE II DIS | REGARD - BLIND | AID CODES 26 | 6A | | |
| | | | | | MON | THLY AVERA | GE |
| 00 ELIGIBLES | USERS (| JNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | Ô | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .000 | .00 | |
| ALL OTHER INPATIENT | U | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | U | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | U | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | • |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | • • • • | .000 | .00 | .00 |

.00

.00

.00

.00

.00

\$

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000 \$

.00

.00

.00

.00

.00 \$

.00

.00

.00

.00

.00

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DD

0

0

0

0

0

0

0 0 0

\$

| 000000000000000000000000000000000000000 | 0 | | 0 | <u> </u> | 0.0 | A 0.0 | 0.00 | a 00 | <u> </u> | 0.0 |
|---|------------------|------------|------------|----------|--------------------|----------------|---------------|--|----------|-----------|
| @REHABILITATION FACILITY | 0 | | 0 | \$ | .00 | \$.00 | .000 | • | Ş | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @LABORATORY FACILITY | 0 | | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| XO AND OTHERS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | | 0 | \$ | .00 | \$.00 | .000 | | Ċ | .00 |
| - | 0 | | 0 | Y | | | .000 | .00 | Y | |
| CLINIC | U | | 0 | | .00 | .00 | | | | .00 |
| SURGICENTER | Ü | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXP | ENDITU | RES M | ONTH-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU D | EC 2004 | PA | GE 15,084 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | | | ים דיידידי | TT DT | SREGARD - BLIND | AID CODES 26 | 5 67 | | | 00/11/00 |
| SOLANO COUNTI | SUMMARI OF SERV | ICES FOR | | TT DT | SKEGARD - BLIND | AID CODES 20 | | NIMILI X 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | CE | |
| 00 | | | | _ | | | | NTHLY AVERA | | |
| 00 ELIGIBLES | USERS | UNITS OF | | | EXPENDITURES | AVERAGE COST | | | | OST PER |
| | | OR DAYS | OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | E | LIGIBLE |
| @ALL OTHER PROVIDERS | 8 | | 42 | \$ | 2,663.97 | \$ 63.43 | .000 | \$ 333.00 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| BLOOD BANK | 0 | | Ō | | .00 | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | • | | 0 | | | | | | | |
| MEDICAL TRANSPORTATION | 0 | | Ū | | .00 | .00 | .000 | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER TRANS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | | | | | | | | | |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 8 | | 42 | | 2,663.97 | 63.43 | .000 | 333.00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PHYSICAL THERAPIST | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | | Ô | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | | 0 | | | | | | | |
| ORTHOTICS | U | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | Ü | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOSPICE SERVICES | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | | 0 | | | | | | | |
| PED SUBACUTE REHAB/WEANING | U | | U | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | O | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | | 0 | \$ | .00 | \$.00 | .000 | | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| @* TOTALS IN THESE LINES ARE | GIVEN AS A SEPAR | ATE INFORM | IATION | ITEM | ONLY: | | | | | |
| THE AMOUNTS ARE ALREADY IN | | | | | | | | | | |
| ** THESE DATA ARE INCLUDED I | | | | | | | | | | |
| | | | | | | IDODE HOD TAN | 0004 MIIDII D | EG 2004 | D.7 | CD 15 005 |
| | | | ENDITU. | RES M | ONTH-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU D. | EC 2004 | PA | GE 15,085 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR | TITLE | II DI | SREGARD - DISABLEI | D AID CODES 36 | | | | |
| | | | | | | | MO | NTHLY AVERA | GE - | |
| 03 ELIGIBLES | USERS | UNITS OF | SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | C | OST PER |
| | | OR DAYS | | | | PER UNIT/DAY | | USER | | LIGIBLE |
| | | 011 01110 | 01 01111 | - | | ILIK ONTI/DAI | | ODLIC | . ت | |

| @TOTAL, ALL PROVIDERS | 354 | 1,451 | \$ 140,869.14 | \$ 97.08 | 483.667 | \$ 397.94 | \$ 46956.38 |
|----------------------------|-----|-------|------------------|--------------|---------|--------------|-------------|
| @PHYSICIANS SERVICES | 3 | 5 | \$ 23.71 | \$ 4.74 | 1.667 | \$ 7.90 | \$ 7.90 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 3 | 5 | 23.71 | 4.74 | 1.667 | 7.90 | 7.90 |
| @PHARMACY | 203 | 431 | \$ 117,371.18 | \$ 272.32 | 143.667 | \$ 578.18 | \$ 39123.73 |
| PRESCRIPTION DRUGS | 203 | 429 | 117,371.18 | 273.59 | 143.000 | 578.18 | 39123.73 |

| SNF/ICF | 1 | 2 | | 170.68 | | 85.34 | .667 | | 170.68 | 56.89 | |
|----------------------------|----------------------|--------------|-----|---------------------|-------|-----------|-----------|-----|--------|------------|---|
| OUTPATIENTS | 202 | 427 | | 117,200.50 | | 274.47 | 142.333 | | 580.20 | 39066.83 | |
| MEDICAL SUPPLIES | 1 | 2 | | .00 | | .00 | .667 | | .00 | .00 | |
| @DENTIST | 101 | 470 | \$ | 15,469.00 | \$ | 32.91 | 156.667 | \$ | 153.16 | \$ 5156.33 | |
| VISITS - DIAGNOSTIC | 61 | 320 | | 3,751.00 | | 11.72 | 106.667 | | 61.49 | 1250.33 | |
| ORAL SURGERY | 14 | 47 | | 2,140.00 | | 45.53 | 15.667 | | 152.86 | 713.33 | |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 | |
| ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .333 | | 100.00 | 33.33 | |
| PERIODONTICS | 5 | 6 | | 615.00 | | 102.50 | 2.000 | | 123.00 | 205.00 | |
| ENDODONTICS | 1 | 1 | | 215.00 | | 215.00 | .333 | | 215.00 | 71.67 | |
| RESTORATIVE DENTISTRY | 21 | 55 | | 2,933.00 | | 53.33 | 18.333 | | 139.67 | 977.67 | |
| PROSTHETICS | 3 | 3 | | 60.00 | | 20.00 | 1.000 | | 20.00 | 20.00 | |
| DENTURES, STAYPLATES | 19 | 36 | | 5,620.00 | | 156.11 | 12.000 | | 295.79 | 1873.33 | |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 | |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 | |
| ORTHODONTIC SERVICES | 1 | 1 | | 35.00 | | 35.00 | .333 | | 35.00 | 11.67 | |
| ALL OTHER SERVICES | 1 | 0 | | .00 | | .00 | .000 | | .00 | .00 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ID EXPENDITU | RES | MONTH-OF-PAYMENT RE | EPOR' | T FOR JAN | 2004 THRU | DEC | 2004 | PAGE 15,08 | 6 |
| MOP024 | FEE-FOR-SERVICE/DENT | 'AL | | | | | | | | 03/14/0 | 5 |

SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C SOLANO COUNTY

| | | | | | | M | INO | THLY AVERA | GΕ | |
|------------------------------|-------|------------------|--------------|-------|----------|-----------|-----|------------|----|----------|
| 03 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVER. | AGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER 1 | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |

| RADIOLOGY | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
|-----------------------------|--------------------------|-----------|---------------|------------|------------|--------------|----------|-------------|
| ROOM USE | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.0 | 0 .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .0 | | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .0 | | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .0 | 0 .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITUF | RES MONTH-OF- | PAYMENT RE | PORT FOR J | AN 2004 THRU | DEC 2004 | PAGE 15,087 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | TITLE I | II DISREGARD | - DISABLED | AID CODES | 36 66 6C | | |

| SOLIANO COUNTI | SUMMAKI OF SERV | TCES FOR | 111111111111111111111111111111111111111 | . DISKE | GAND DISABLED | AID CODES 50 | | | | |
|-----------------------------|-----------------|----------|---|---------|---------------|--------------|----------|------------|----------|--|
| | | | | | | | MON | THLY AVERA | GE | |
| 03 ELIGIBLES | USERS | UNITS OF | SERVICE | | EXPENDITURES | AVERAGE COST | | COST PER | COST PER | |
| | | OR DAYS | OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 0 | | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 | |
| COMM HOSP INPATIENT TOTAL | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HSC HOSPITALS | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| SURGERY | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RADIOLOGY | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ROOM USE | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| CROSSOVERS/ALL OTH OUTPINT | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @STATE HOSPITAL | 0 | | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 | |
| MENTALLY ILL | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @NURSING FACILITY | 0 | | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 | |
| LEV A-INTERMEDIATE | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REHAB MD | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE FREESTANDING | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REGULAR | 0 | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @INTERMEDIATE CARE FACILDD | 0 | | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 | |
| | | | | | | | | | | |

| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-------------------------|-----------|------|---------------------|-------|----------|-----------|-----|-------|----|------------|
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 15 | 22 | \$ | 1,431.52 | \$ | 65.07 | 7.333 | \$ | 95.43 | \$ | 477.17 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 15 | 22 | | 1,431.52 | | 65.07 | 7.333 | | 95.43 | | 477.17 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU | JRES | MONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | P. | AGE 15,088 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | R TITLE | II D | ISREGARD - DISABLEI |) AID | CODES 36 | 66 6C | | | | |

----- MONTHLY AVERAGE -----EXPENDITURES 03 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 51 6,573.73 \$ 12.57 @ALL OTHER PROVIDERS 523 174.333 \$ 128.90 \$ 2191.24 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .00 .00 GENETIC DISEASE TESTING .00 .000 .00 4,363.65 IHMC, MODEL-NF, NF, AIDS, MSSP 121.21 12.000 311.69 1454.55 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN 34 77 836.42 10.86 25.667 24.60 278.81 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .000 .00 ORTHOTICS .00 .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 10.40 LOCAL EDUCATION AGENCIES 10.40 .333 10.40 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 Ω .000 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 409 1,363.26 3.33 136.333 681.63 454.42 .00 @CALIF. CHILDREN SERVICES* 0 .00 \$.000 \$.00 \$.00 273.82 \$ @XOVER EXCLUDING STATE HOSP** 1,095.27 78.23 4.667 \$ 365.09

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,089 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

| SOLANO COUNTY | SUMMARY OF SERV | TITLE II DIS | SREGARD - FAMILIES | DISCONTING | | | 7.0 |
|---|-----------------|------------------|--------------------|------------------|--------------------|-------------|--------------------|
| 00 811018180 | HORDO | INTEG OF SERVICE | | 317ED30E 000E | MONT | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| GEOGRAF ALL DROUTDERS | 0 | OR DAYS OF CARE | 0.0 | PER UNIT/DAY | | USER .00 | ELIGIBLE \$.00 |
| @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES | 0 | 0 \$ 0 \$ | .00 | \$.00 \$.00 | .000 \$.000 \$ | .00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 \$ | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | | .000 | | |
| SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | | .000 | | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | | .000 | .00 | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | | | | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | | |
| PATHOLOGY RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | | | | | | |
| @PHARMACY | 0 | 0 \$ 0 | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @DENTIST VISITS - DIAGNOSTIC | 0 | 0 Ş | .00 | .00 | .000 3 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | | | | |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | | | | |
| ALL OTHER SERVICES | U | U | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 15,090

03/14/05

| SOLANO COUNTY | SUMMARY OF SERVIC | ES FOR TITLE | II DISREGARD - FAMILIES | | | |
|---------------|-------------------|-----------------|-------------------------|-----------------------------|--------------|----------|
| | | | | MON | THLY AVERAGE | · |
| OO BITCIDIES | | NITHO OF CEDITO | E EVDENDIBLEC | ATTERACE COOR HATTER / DAVO | COCH DED | COCH DED |

| | | | | | | M | ON'I' | HLY AVERA | GE | |
|------------------------------|-------|------------------|--------------|------|-----------|-----------|-------|-----------|----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVER | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | |

| TNDAMIENM CDOCCOVEDC | 0 | 0 | | .00 | 0.0 | 000 | .00 | 0.0 |
|--|---|--|--------|--|--|--|--|--|
| INPATIENT CROSSOVERS | • | | | | .00 | .000 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | | Ċ | | | | | |
| @COUNTY HOSPITAL TOTAL | U | | \$ | .00 | \$.00 | .000 | | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | | |
| CO HOSP OUTPATIENT TOTAL | U | U | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | U | U | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURE | S MONT | H-OF-PAYMENT RE | PORT FOR JAN | 2004 THRU D | EC 2004 | PAGE 15,091 |
| | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE | | | | | | | |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | DISCONTIN | IIIED | | 03/14/05 |
| MOP024 SOLANO COUNTY | | | | | DISCONTIN | | NTHIV AMERI | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | /DENTAL ICES FOR TITLE II | | GARD - FAMILIES | | MO | | 03/14/05 AGE |
| | | /DENTAL ICES FOR TITLE II UNITS OF SERVICE | | | AVERAGE COST | MO UNITS/DAYS | COST PER | 03/14/05 AGE COST PER |
| SOLANO COUNTY 00 ELIGIBLES | SUMMARY OF SERV USERS | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE | DISRE | GARD - FAMILIES EXPENDITURES | AVERAGE COST PER UNIT/DAY | MO UNITS/DAYS PER ELIG | COST PER USER | 03/14/05 AGE COST PER ELIGIBLE |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 | | GARD - FAMILIES EXPENDITURES .00 | AVERAGE COST PER UNIT/DAY \$.00 | MO UNITS/DAYS PER ELIG | COST PER USER \$.00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | SUMMARY OF SERV USERS 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 | MO UNITS/DAYS PER ELIG .000 | COST PER USER \$.00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 | COST PER USER \$.00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | SUMMARY OF SERV USERS 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | SUMMARY OF SERV USERS 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 | COST PER USER \$.00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | SUMMARY OF SERV USERS 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | SUMMARY OF SERV USERS 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | SUMMARY OF SERV USERS 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | SUMMARY OF SERV USERS 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | SUMMARY OF SERV USERS 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | SUMMARY OF SERV USERS 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | SUMMARY OF SERV USERS 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | SUMMARY OF SERV USERS 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | SUMMARY OF SERV | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY | SUMMARY OF SERV | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | SUMMARY OF SERV | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISRE | GARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 AGE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |

| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------------|----------|---------|------------------|-------|--------------|--------|------|----------|-----|--------------------|
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITU | RES MON | TH-OF-PAYMENT RE | EPORT | FOR JAN 200 | 4 THRU | DEC | 2004 | PAG | GE 15 , 092 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | TITLE | II DISR | EGARD - FAMILIES | 3 | DISCONTINUED | | | | | |
| | | | | | | | M | ОИТН | LY AVERA | GE | |

| | | | | | MON' | THLY AVERAG | GE |
|--------------------------------|-------|------------------|--------------|--------------|------------|-------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|------|-----|--------|---------|--------|-----|
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,093 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

| SOLANO COUNTI | DOM:MAKE OF BEIKK | TOES FOR TITLE I | I DIC | JREGARD TOTAL | | | MO | NTF | HLY AVERA | GE | |
|----------------------------|-------------------|------------------|-------|---------------|-----|------------|------------|-----|-----------|-----|----------|
| 03 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | ERAGE COST | UNITS/DAYS | | | .0_ | COST PER |
| | | OR DAYS OF CARE | | | | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 567 | 2,143 | \$ | 191,824.78 | \$ | 89.51 | 714.333 | \$ | 338.32 | \$ | 63941.59 |
| @PHYSICIANS SERVICES | 3 | 5 | \$ | 23.71 | \$ | 4.74 | 1.667 | | 7.90 | | 7.90 |
| OUTPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OFFICE VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 3 | 5 | | 23.71 | | 4.74 | 1.667 | | 7.90 | | 7.90 |
| @PHARMACY | 263 | 450 | \$ | 131,065.71 | \$ | 291.26 | 150.000 | \$ | 498.35 | \$ | 43688.57 |
| PRESCRIPTION DRUGS | 242 | 487 | | 129,846.52 | | 266.63 | 162.333 | | 536.56 | | 43282.17 |
| SNF/ICF | 8 | 13 | | 1,386.50 | | 106.65 | 4.333 | | 173.31 | | 462.17 |
| OUTPATIENTS | 234 | 474 | | 128,460.02 | | 271.01 | 158.000 | | 548.97 | | 42820.01 |
| MEDICAL SUPPLIES | 22 | 37CR | | 1,219.19 | | 32.95CR | 12.333CR | | 55.42 | | 406.40 |
| @DENTIST | 145 | 710 | \$ | 22,531.00 | \$ | 31.73 | 236.667 | \$ | 155.39 | \$ | 7510.33 |
| VISITS - DIAGNOSTIC | 97 | 487 | | 5,438.00 | | 11.17 | 162.333 | | 56.06 | | 1812.67 |
| ORAL SURGERY | 22 | 62 | | 2,875.00 | | 46.37 | 20.667 | | 130.68 | | 958.33 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .333 | | 100.00 | | 33.33 |
| PERIODONTICS | 6 | 7 | | 640.00 | | 91.43 | 2.333 | | 106.67 | | 213.33 |
| ENDODONTICS | 3 | 3 | | 690.00 | | 230.00 | 1.000 | | 230.00 | | 230.00 |
| RESTORATIVE DENTISTRY | 26 | 65 | | 3,922.00 | | 60.34 | 21.667 | | 150.85 | | 1307.33 |
| PROSTHETICS | 3 | 3 | | 60.00 | | 20.00 | 1.000 | | 20.00 | | 20.00 |

| DENTURES, STAYPLATES | 28 | 80 | 8,771.00 | 109.64 | 26.667 | 313.25 | 2923.67 |
|----------------------------|----------------------|------------------|------------------------|---------|--------------|--------|-------------|
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 1 | 1 | 35.00 | 35.00 | .333 | 35.00 | 11.67 |
| ALL OTHER SERVICES | 4 | 1 | .00 | .00 | .333 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURES M | ONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,094 |
| MOP024 | FEE-FOR-SERVICE/DENT | 'AL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR TITLE II DI | SREGARD - TOTAL | | | | |

| SOLANO COUNTI | SOPERATO OF SERVICE | ED FOR | 111111111111111111111111111111111111111 | DIDI | LUGAND TOTAL | | | MC | NTI | HLY AVERA | ЭE | |
|------------------------------|---------------------|---------|---|--------|--------------|----------|---------|------------|--------|-----------|--------|----------|
| 03 ELIGIBLES | USERS U | NITS OF | SERVICE | | EXPENDITURES | AVERA | GE COST | UNITS/DAYS | | COST PER | | COST PER |
| | | OR DAYS | OF CARE | | | | | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | | Ö | \$ | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | ' | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$ \$ | .00 | | \$ | .00 | Ś | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| | 0 | | 0 | ب د | | ب د | .00 | .000 | ۶ S | | ۶ S | |
| @TOTAL HOSPITAL | 0 | | 0 | P | .00 | Ş | | .000 | Ş | .00 | Þ | .00 |
| HOSP INPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | | | .00 | | .00 |
| HSC HOSPITALS | 0 | | - | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | - | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | | |

| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|---------------------|-------------------|-------------------|---------------|--------------|------------|-------------|
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITURES M | ONTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,095 |
| MOP024 | FEE-FOR-SERVICE/DEN | TAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR TITLE II DI | SREGARD - TOTAL | | | | |
| | | | | | MON | THLY AVERA | GE |
| 03 ELIGIBLES | USERS UNI | TS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | OF | DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | | | .00 | .00 | .000 | .00 | .00 |

0

0

0

0

0

0

0

MEDICAL SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|--|--|--|------------------|--|-------------|---|--|-------------|---|------------------------|---|
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ś | .00 |
| HOSPITAL BASED | 0 | 0 | 7 | .00 | 7 | .00 | .000 | т. | .00 | Т. | .00 |
| HEMODIALYSIS CENTER | 0 | Ő | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ś | .00 |
| HOSPITAL BASED | 0 | 0 | ٧ | .00 | ٧ | .00 | .000 | Y | .00 | Y | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ċ | .00 |
| PATHOLOGY | 0 | 0 | Ÿ | .00 | Ÿ | .00 | .000 | Y | .00 | Y | .00 |
| XO AND OTHERS | 0 | 0 | | | | .00 | .000 | | .00 | | .00 |
| | 23 | 36 | \$ | .00 | \$ | | 12.000 | \$ | 98.00 | ċ | 751.36 |
| @ORGANIZED OUTPATIENT CLINIC | 23 | 0 | Ą | 2,254.07 | Ą | 62.61 | | Ą | .00 | Ą | |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | [] | | | | | | | | | | - ()() |
| | - | | | | | | | | | | |
| RURAL HEALTH CLINIC | 23 | 36 | | 2,254.07 | | 62.61 | 12.000 | | 98.00 | | 751.36 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV | 23 MEDI-CAL SERVIC | 36 ES AND EXPENDITU | JRES M | | EPORT | 62.61 | 12.000 | DEC | 98.00 | P.F | 751.36 AGE 15,096 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE | 36 ES AND EXPENDITU /DENTAL | | 2,254.07 MONTH-OF-PAYMENT RE | EPORT | 62.61 | 12.000 | DEC | 98.00 | P <i>P</i> | 751.36 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE | 36 ES AND EXPENDITU | | 2,254.07 MONTH-OF-PAYMENT RE | EPORT | 62.61 | 12.000 2004 THRU | | 98.00 2004 | | 751.36 AGE 15,096 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV | 36 ES AND EXPENDITU //DENTAL ICES FOR TITLE | II DI | 2,254.07 MONTH-OF-PAYMENT RE | | 62.61 FOR JAN 2 | 12.000 2004 THRU | ONTE | 98.00 2004 HLY AVERA | GE - | 751.36 AGE 15,096 03/14/05 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE | 36 ES AND EXPENDITU //DENTAL ICES FOR TITLE UNITS OF SERVIC | II DI Œ | 2,254.07 MONTH-OF-PAYMENT RE | AVEF | 62.61 FOR JAN 2 | 12.000 2004 THRU M UNITS/DAY | ONTH | 98.00 2004 HLY AVERA | GE - | 751.36 AGE 15,096 03/14/05 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS | 36 ES AND EXPENDITU //DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RE SREGARD - TOTAL EXPENDITURES | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY | 12.000 2004 THRU M UNITS/DAY PER ELIG | ONTI S (| 98.00 2004 HLY AVERA COST PER USER | .GE - C | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 ES AND EXPENDITU JOENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 | II DI Œ | 2,254.07 MONTH-OF-PAYMENT RESEGARD - TOTAL EXPENDITURES 35,950.29 | AVEF | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 | .GE - C | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS | 36 ES AND EXPENDITU //DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESEGARD - TOTAL EXPENDITURES 35,950.29 .00 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 | .GE - C | 751.36 AGE 15,096 03/14/05 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 ES AND EXPENDITU I/DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERGARD - TOTAL EXPENDITURES 35,950.29 .00 .00 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 | .GE - C | 751.36 AGE 15,096 03/14/05 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 ES AND EXPENDITU I/DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERGARD - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 | .GE - C | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 ES AND EXPENDITU I/DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERGARD - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 | .GE - C | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 EES AND EXPENDITU I/DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERVED TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 | .GE - C | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 ES AND EXPENDITU I/DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERVED - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 | 12.000 2004 THRU UNITS/DAY PER ELIG 314.000 .000 .000 .000 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 | .GE - C | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 EES AND EXPENDITU I/DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERVED TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 | .GE - C | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 EES AND EXPENDITU I/DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERVED - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 | 12.000 2004 THRU UNITS/DAY PER ELIG 314.000 .000 .000 .000 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 | .GE - C | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 EES AND EXPENDITU I/DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERVED - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 | .GE - C | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 EES AND EXPENDITU I/DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERGARD - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 | 36 ES AND EXPENDITU //DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERVED TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 36 ES AND EXPENDITU //DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 0 0 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERGARD - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 0 0 0 0 0 0 0 0 0 108 | 36 ES AND EXPENDITU //DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 0 0 0 0 401 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERRED - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 .00 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 0 0 0 0 0 0 0 108 0 | 36 ES AND EXPENDITU I/DENTAL IICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 0 0 401 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERVENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 .00 .00 .00 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 0 0 0 0 0 0 0 108 0 61 | 36 ES AND EXPENDITU I/DENTAL IICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 0 0 401 0 131 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERVENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 0 0 0 0 0 0 0 108 0 61 | 36 ES AND EXPENDITU I/DENTAL IICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 0 0 10 131 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERVENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 0 0 0 0 0 0 0 108 0 61 0 0 | 36 ES AND EXPENDITU I/DENTAL IICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 0 0 131 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESERRED - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 0 0 0 0 0 0 0 108 0 61 0 0 0 0 | 36 ES AND EXPENDITU I/DENTAL IICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 0 131 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESTREGARD - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 0 0 0 0 0 0 0 108 0 108 0 61 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 36 EES AND EXPENDITU I/DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 0 0 0 131 0 0 0 0 0 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESTREGARD - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS | 23 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 166 0 0 0 0 0 0 0 0 108 0 108 0 61 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 36 EES AND EXPENDITU I/DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 942 0 0 0 0 0 0 0 0 10 131 0 0 0 0 0 0 | II DI E RE | 2,254.07 MONTH-OF-PAYMENT RESTREGARD - TOTAL EXPENDITURES 35,950.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVEF PER | 62.61 FOR JAN 2 RAGE COST UNIT/DAY 38.16 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0 | 12.000 2004 THRU M UNITS/DAY PER ELIG 314.000 .000 .000 .000 .000 .000 .000 .00 | ONTI S (| 98.00 2004 HLY AVERA COST PER USER 216.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE - C F \$ 1 | 751.36 AGE 15,096 03/14/05 COST PER ELIGIBLE 11983.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |

| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|---|---|---|---|---|--|---|--|---|--|--|
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 1 | 1 | | 10.40 | | 10.40 | .333 | | 10.40 | | 3.47 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 2 | 409 | | 1,363.26 | | 3.33 | 136.333 | | 681.63 | | 454.42 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 4 | 14 | \$ | 1,095.27 | \$ | 78.23 | 4.667 | \$ | 273.82 | \$ | 365.09 |
| | 0 0 1 0 0 0 2 0 4 | 0 0 0 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 .00 1 1 1 10.40 0 0 .00 0 0 .00 0 0 .00 0 0 .00 2 409 1,363.26 0 \$.00 | 0 0 .00 1 1 1 10.40 0 0 .00 0 0 .00 0 0 .00 0 0 .00 2 409 1,363.26 0 0 \$.00 \$ | 0 0 .00 .00 1 1 10.40 10.40 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 2 409 1,363.26 3.33 0 \$.00 \$ | 0 0 .00 .00 .000 1 1 10.40 10.40 .333 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 2 409 1,363.26 3.33 136.333 0 0 \$.00 \$.00 | 0 0 .00 .00 .000 1 1 10.40 10.40 .333 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 2 409 1,363.26 3.33 136.333 0 \$.00 \$.00 \$ | 0 0 .00 .00 .00 .00 1 1 10.40 10.40 .333 10.40 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 2 409 1,363.26 3.33 136.333 681.63 0 \$.00 \$.00 .00 \$ | 0 0 .00 .00 .000 .000 1 1 10.40 10.40 .333 10.40 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 2 409 1,363.26 3.33 136.333 681.63 0 \$.00 \$.00 \$.00 \$ |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,097
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR IN HOME S | UPPORT - AGED | AID CODE | 18 | | |
|----------------------------|----------------|---------------------|---------------|--------------|------------|-------------|----------|
| | | | | | MON | THLY AVERAG | E |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 279 | 810 \$ | 83,514.87 | \$ 103.10 | .000 \$ | 299.34 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 39 | 135CR \$ | 3,243.92 | \$ 24.03CR | | | \$.00 |
| PRESCRIPTION DRUGS | 33 | 41 | 2,944.84 | 71.83 | .000 | 89.24 | .00 |
| SNF/ICF | 1 | 1 | 21.95 | 21.95 | .000 | 21.95 | .00 |
| OUTPATIENTS | 33 | 40 | 2,922.89 | 73.07 | .000 | 88.57 | .00 |
| MEDICAL SUPPLIES | 6 | 176CR | 299.08 | 1.70CR | | 49.85 | .00 |
| @DENTIST | 36 | 183 \$ | 9,335.00 | \$ 51.01 | .000 \$ | | • |
| VISITS - DIAGNOSTIC | 27 | 113 | 1,385.00 | 12.26 | .000 | 51.30 | .00 |
| ORAL SURGERY | 8 | 36 | 1,957.00 | 54.36 | .000 | 244.63 | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-----------------|-------------------|------|---------------------|----------|---------|-------------|----------|-----------|----|-------------|
| ANESTHESIA | 1 | 1 | | 100.00 | 1.0 | 0.00 | .000 | | 100.00 | | .00 |
| | 0 | 0 | | | 10 | .00 | | | | | |
| PERIODONTICS | 0 | | | .00 | 1 0 | | .000 | | .00 | | .00 |
| ENDODONTICS | 2 | 2 | | 260.00 | | 0.00 | .000 | | 130.00 | | .00 |
| RESTORATIVE DENTISTRY | 5 | 16 | | 928.00 | 5 | 8.00 | .000 | | 185.60 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 9 | 15 | | 4,705.00 | 31 | .3.67 | .000 | | 522.78 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITUR | ES N | MONTH-OF-PAYMENT RE | EPORT FO | R JAN | 2004 THRU 1 | DEC | 2004 | Ε | PAGE 15,098 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | | SUE | PPORT - AGED | AI | D CODE | 18 | | | | |
| | | | | | | | | TNC | HLY AVERA | GE | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAG | E COST | UNITS/DAY: | | COST PER | _ | COST PER |
| 00 221013220 | 00210 | OR DAYS OF CARE | | | | IIT/DAY | | _ | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | Y | .00 | Y | .00 | .000 | ٧ | .00 | Y | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| OTHER OPTOMETRIC SERVICES | 0 | | ċ | .00 | Ċ | .00 | .000 | <u>_</u> | .00 | _ | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | U | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| ALL OTHER ACCOM | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

0

0

0

0

0 0 0

0

\$

.00

.00

.00

.00

.00

.00

.00

\$

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000 \$

.00

.00

.00

.00

.00

.00

.00 \$

.00

.00

.00

.00

.00

.00

.00

| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--|--------------------------|--------------|----------------------|----------------|---------------|--------------|-------------|
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | - | | | | | PAGE 15,099 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | ZE ENDITONES | MONIII OF FAIMENT KE | FORT FOR OAN 2 | OLC OILL FOO. | 2004 | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | TN HOME CII | DDODT - ACED | AID CODE | 1.0 | | 03/14/03 |
| SOLANO COONTI | SOMMAKI OF SERVICES FOR | IN HOME 50 | FFORT AGED | AID CODE | MONTI | JT V 7/12D7/ | GF: |
| 00 ELIGIBLES | USERS UNITS OF | F SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| 00 EHIGIBHES | | OF CARE | EXFENDITORES | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 OR DAI. | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| MENTALLY ILL | 0 | 0 \$ | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| LEV A-INTERMEDIATE | 0 | 0 9 | .00 | .00 | .000 \$ | .00 | .00 |
| LEV A-INTERMEDIATE LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV D MDANCIMIONAL ID CADE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

0

0

0

0

0

0

0

0

\$

0

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
|--------------------------------|------------------|------------------|--------|------------------|--------|----------|-----------|-----|-----------|----|------------|
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | | RES MO | NTH-OF-PAYMENT I | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 15,100 |
| MOP024 | FEE-FOR-SERVICE/ | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVI | CES FOR IN HOME | E SUPP | ORT - AGED | | AID CODE | | | | | |
| | | | | | | | | | HLY AVERA | - | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | UNITS/DAY | | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | | UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 213 | 762 | \$ | 70,935.95 | \$ | 93.09 | | \$ | 333.03 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 4 | 64 | | 4,463.56 | | 69.74 | .000 | | 1115.89 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 202 | 671 | | 66,069.61 | | 98.46 | .000 | | 327.08 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 13 | 27 | | 402.78 | | 14.92 | .000 | | 30.98 | | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|---|---|---|-----------|-----------|---------|--------|-----|
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 \$ | .00 |
| O. H. HOHAT O. THE HUNDON TIMES AND CITIES. | | | | | | | |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,101
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @TOTAL, ALL PROVIDERS 4 198.00 49.50 .000 \$ 99.00 \$.00 @PHYSICIANS SERVICES 0 .00 .00 .000 \$.00 \$.00 0 .00 .00 OUTPATIENT VISITS .00 .000 .00 .00 .00 .00 OFFICE VISITS .000 .00 .00 HOME VISITS .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOSPITAL VISITS .000 CRITICAL CARE .00 .00 .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 .00 .000 .00 EXAMINATIONS .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .00 .000 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 DIALYSIS .000 .00 PATHOLOGY .00 .00 .00 .000 .000 RADIOLOGY .00 .00 .00 .00 .00 .00 .00 PSYCHIATRY .000 .00 .00 .00 .00 IMMUNIZATION AND INJECTION .000 .00 OTHER SERVICES/ALL X-OVERS 0 .00 .00 .000 .00 .00 0 .00 .00 \$ @PHARMACY .00 .000 \$.00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00

| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-------------------------|--------------|---------------------|---------------|-----------|----------|-------------|
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 2 | 4 \$ | 198.00 | \$ 49.50 | .000 | \$ 99.00 | \$.00 |
| VISITS - DIAGNOSTIC | 1 | 3 | 58.00 | 19.33 | .000 | 58.00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 1 | 1 | 140.00 | 140.00 | .000 | 140.00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | EXPENDITURES | MONTH-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 15,102 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 03/14/05 |

----- MONTHLY AVERAGE -----

SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 .00 .000 \$.00 \$.00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .000 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .00 VISITS 0 .00 .000 .00 .00 .00 .00 OTHER SERVICES .000 .00 .00 .00 \$ @PODIATRIST .00 \$.000 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 .00 .00 .00 RADIO./PATHOLOGY .000 .00 OTHER 0 .00 .00 .000 .00 .00 0 .00 \$ @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 .00 \$.00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL .00 \$.00 .000 \$.00 \$.00 .00 HOSP INPATIENT TOTAL .00 .000 .00 .00 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .000 ACCOMMODATIONS .00 .00 .00 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .00 .000 .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .00 .000 HOSP OUTPATIENT TOTAL MEDICAL .00 .00 .00 .000 .00 .00 SURGERY .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|--------------------------|--------------|----------------------|---------------|--------------|------------|-------------|
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURES M | ONTH-OF-PAYMENT REPO | RT FOR JAN 20 | 004 THRU DEC | 2004 | PAGE 15,103 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | IN HOME SUP | PORT - BLIND | AID CODE 2 | 28 | | |
| | | | | _ | MONTI | HIV AVERAG | F |

| | | | | | MON | THLY AVERAC | SE |
|-----------------------------|-------|------------------|--------------|--------------|------------|-------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| | | | | | | | |

| 0 | Ō | | 0.0 | | 0.0 | 000 | 0 | ` | .00 |
|--------------------------|------------------------|------------------------|------------------------|---|-----------|-----------|------------|--|---------------------------------------|
| 0 | 0 | | | | | | | | |
| U | Ü | | | | | | | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.0 |) \$ | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.0 |) \$ | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.0 |) \$ | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.0 |) \$ | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| MEDI-CAL SERVICES AND EX | XPENDITUR | ES MONTH- | OF-PAYMENT I | REPORT | FOR JAN 2 | 2004 THRU | DEC 2004 |] | PAGE 15,104 |
| FEE-FOR-SERVICE/DENTAL | | | | | | | | | 03/14/05 |
| SUMMARY OF SERVICES FOR | IN HOME | SUPPORT - | - BLIND | | AID CODE | 28 | | | |
| | | | | | | M | ONTHLY AVE | RAGE | |
| | FEE-FOR-SERVICE/DENTAL | FEE-FOR-SERVICE/DENTAL | FEE-FOR-SERVICE/DENTAL | 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT IN FEE-FOR-SERVICE/DENTAL | O | 0 | 0 | 0 0 0 00 00 000 000 000 000 000 000 00 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

| | | | | | MON'I | THLY AVERAGE | |
|--------------------------------|-------|------------------|--------------|--------------|------------|--------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

| SOLANO COUNTI | SUMMARI OF SER | VICES FOR IN HOME SUP | PORI - DISABLED | AID CODE | 00 | | |
|----------------------------|----------------|-----------------------|-----------------|--------------|------------|-------------|-------------|
| | | | | | MON | THLY AVERAG | GE |
| 02 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 127 | 1,876 \$ | 47,345.50 | \$ 25.24 | 938.000 \$ | 372.80 | \$ 23672.75 |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

PAGE 15,105

03/14/05

| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
|----------------------------|--------------------------|----------|-----------|----------------|-------------|-------------|-----|--------|-------------|
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| @PHARMACY | 48 | 1,171 | \$ | 26,526.05 | \$ 22.65 | 585.500 | \$ | 552.63 | \$ 13263.03 |
| PRESCRIPTION DRUGS | 39 | 57 | | 25,862.99 | 453.74 | 28.500 | | 663.15 | 12931.50 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| OUTPATIENTS | 39 | 57 | | 25,862.99 | 453.74 | 28.500 | | 663.15 | 12931.50 |
| MEDICAL SUPPLIES | | 1,114 | | 663.06 | .60 | 557.000 | | 73.67 | 331.53 |
| @DENTIST | 24 | 117 | \$ | 3,192.80 | \$ 27.29 | 58.500 | \$ | 133.03 | \$ 1596.40 |
| VISITS - DIAGNOSTIC | 17 | 82 | | 936.00 | 11.41 | 41.000 | | 55.06 | 468.00 |
| ORAL SURGERY | 6 | 19 | | 448.00 | 23.58 | 9.500 | | 74.67 | 224.00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| PERIODONTICS | 1 | 1 | | 55.00 | 55.00 | | | 55.00 | 27.50 |
| ENDODONTICS | 1 | 1 | | 330.00 | 330.00 | .500 | | 330.00 | 165.00 |
| RESTORATIVE DENTISTRY | 2 | 2 | | 105.00 | 52.50 | 1.000 | | 52.50 | 52.50 |
| PROSTHETICS | 1 | 1 | | 30.00 | 30.00 | .500 | | 30.00 | 15.00 |
| DENTURES, STAYPLATES | 3 | 11 | | 1,288.80 | 117.16 | 5.500 | | 429.60 | 644.40 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITUR | ES MONTH- | OF-PAYMENT REI | PORT FOR JA | N 2004 THRU | DEC | 2004 | PAGE 15,106 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | IN HOME | SUPPORT - | - DISABLED | AID CC | DE 68 | | | |

| BOLLING GOOMIT | DOINTING OF DELICE | TODD TOIL | 111 1101111 | DOLLOIG | DIGITEDED | | ID CODE | 00 | | | | |
|------------------------------|--------------------|-----------|-------------|---------|--------------|--------|---------|------------|-------|---------|----|----------|
| | | | | | | | | MC | NTHL | Y AVERA | GΕ | |
| 02 ELIGIBLES | USERS | UNITS OF | SERVICE | | EXPENDITURES | AVERA(| GE COST | UNITS/DAYS | co co | ST PER | | COST PER |
| | | OR DAYS | OF CARE | | | PER UI | VIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | . 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | | |

| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--|---|--|---|--|--|--|---|
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | | | .00 |
| | 0 | 0 | | .00 | .000 | .00 | |
| NON-HSC HOSPITALS TOTAL | U | U | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| SURGERY | U | U | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITURES MON | TH-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,107 |
| | | | | | | | |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | 03/14/05 |
| | FEE-FOR-SERVICE SUMMARY OF SERV | | ORT - DISABLED | AID CODE | 68 | | 03/14/05 |
| MOP024 SOLANO COUNTY | | DENTAL ICES FOR IN HOME SUPPO | DRT - DISABLED | AID CODE | | THLY AVERAG | |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR IN HOME SUPPO | | | MON | | E |
| | | ICES FOR IN HOME SUPPO UNITS OF SERVICE | ORT - DISABLED | AVERAGE COST | MON UNITS/DAYS | COST PER | E COST PER |
| SOLANO COUNTY 02 ELIGIBLES | SUMMARY OF SERV USERS | ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MON UNITS/DAYS PER ELIG | COST PER USER | E COST PER ELIGIBLE |
| SOLANO COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | SUMMARY OF SERV USERS 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ | EXPENDITURES .00 | AVERAGE COST PER UNIT/DAY \$.00 | MON UNITS/DAYS PER ELIG .000 \$ | COST PER USER .00 | E COST PER ELIGIBLE \$.00 |
| SOLANO COUNTY 02 ELIGIBLES 0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | SUMMARY OF SERV USERS | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 | COST PER USER .00 .00 | E COST PER ELIGIBLE \$.00 .00 |
| SOLANO COUNTY 02 ELIGIBLES 0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | SUMMARY OF SERV USERS 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ | EXPENDITURES .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 | COST PER USER .00 .00 | E COST PER ELIGIBLE \$.00 .00 .00 |
| SOLANO COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | SUMMARY OF SERV USERS 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 | COST PER USER .00 .00 .00 .00 | E COST PER ELIGIBLE \$.00 .00 .00 .00 |
| SOLANO COUNTY 02 ELIGIBLES 0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | SUMMARY OF SERV USERS 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 | COST PER USER .00 .00 | E COST PER ELIGIBLE \$.00 .00 .00 |
| SOLANO COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | SUMMARY OF SERV USERS 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 | COST PER USER .00 .00 .00 .00 | E COST PER ELIGIBLE \$.00 .00 .00 .00 |
| SOLANO COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | SUMMARY OF SERV USERS 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 | COST PER USER .00 .00 .00 .00 .00 | E COST PER ELIGIBLE \$.00 .00 .00 .00 |
| SOLANO COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 |
| SOLANO COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SOLANO COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SOLANO COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SOLANO COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| O2 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |

| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
|---|--|--|-------|---|--|--|-----------|--|---|---|
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | Ś | .00 | \$.00 | .000 | | .00 | \$.00 | |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | | .00 | \$.00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| @REHABILITATION FACILITY | 0 | 0 | Ś | .00 | \$.00 | .000 | | .00 | \$.00 | |
| HOSPITAL BASED | 0 | 0 | 7 | .00 | .00 | .000 | | .00 | .00 | |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| @LABORATORY FACILITY | 0 | 0 | Ś | .00 | \$.00 | .000 | | .00 | \$.00 | |
| PATHOLOGY | 0 | 0 | 7 | .00 | .00 | .000 | | .00 | .00 | |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | Ś | .00 | \$.00 | .000 | | .00 | \$.00 | |
| CLINIC | 0 | 0 | 7 | .00 | .00 | .000 | | .00 | .00 | |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| #CALIF DEPT OF HEALTH SERV | | S AND EXPENDITUE | RES M | ONTH-OF-PAYMENT RE | | | | • • • | PAGE 15,108 | } |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | 03/14/05 | |
| SOLANO COUNTY | SUMMARY OF SERV | | E SUP | PORT - DISABLED | AID CODE | 68 | | | , , | |
| | | | | | | M | A YLHTNC | VERA | GE | |
| 02 ELIGIBLES | USERS | UNITS OF SERVICE | 2 | EXPENDITURES | AVERAGE COST | UNITS/DAY | S COST | PER | COST PER | |
| | | OR DAYS OF CARE | Ξ | | PER UNIT/DAY | PER ELIG | USE | R | ELIGIBLE | |
| @ALL OTHER PROVIDERS | 57 | 588 | \$ | 17,626.65 | \$ 29.98 | 294.000 | \$ 309 | .24 | \$ 8813.33 | |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | | .00 | .00 | |
| ADULT DAY HEALTH CARE CTR | 11 | 134 | | 9,323.72 | 69.58 | 67.000 | 847 | .61 | 4661.86 | |
| GENETIC DISEASE TESTING | | | | 0.0 | | | | 0.0 | .00 | |
| | 0 | 0 | | .00 | .00 | .000 | | .00 | | |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 24 | 0 67 | | 7,240.69 | .00 108.07 | .000 33.500 | 301 | | 3620.35 | |
| IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | | 67 0 | | | | | 301 | | | |
| | 24 0 12 | 67 0 30 | | 7,240.69 | 108.07 .00 11.08 | 33.500 | 301 27 | .70 .00 .69 | 3620.35 .00 166.15 | |
| OCCUPATIONAL THERAPIST | 24 0 12 0 | 67 0 30 0 | | 7,240.69 .00 332.30 .00 | 108.07 .00 11.08 .00 | 33.500 .000 15.000 .000 | 301 27 | .70 .00 .69 | 3620.35 .00 166.15 .00 | |
| OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY | 24 0 12 0 0 | 67 0 30 0 | | 7,240.69 .00 332.30 .00 | 108.07 .00 11.08 .00 | 33.500 .000 15.000 .000 | 301 27 | .70 .00 .69 .00 | 3620.35 .00 166.15 .00 | |
| OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | 24 0 12 0 0 | 67 0 30 0 0 | | 7,240.69 .00 332.30 .00 .00 | 108.07 .00 11.08 .00 .00 | 33.500 .000 15.000 .000 .000 | 301 27 | .70 .00 .69 .00 | 3620.35 .00 166.15 .00 .00 | |
| OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS | 24 0 12 0 0 | 67 0 30 0 0 0 | | 7,240.69 .00 332.30 .00 .00 .00 | 108.07 .00 11.08 .00 .00 | 33.500 .000 15.000 .000 .000 | 301 27 | .70 .00 .69 .00 .00 | 3620.35 .00 166.15 .00 .00 | |
| OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS | 24 0 12 0 0 | 67 0 30 0 0 | | 7,240.69 .00 332.30 .00 .00 .00 | 108.07 .00 11.08 .00 .00 .00 | 33.500 .000 15.000 .000 .000 .000 | 301 27 | .70 .00 .69 .00 .00 | 3620.35 .00 166.15 .00 .00 .00 | |
| OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST | 24 0 12 0 0 0 0 0 | 67 0 30 0 0 0 0 0 | | 7,240.69 .00 332.30 .00 .00 .00 .00 | 108.07 .00 11.08 .00 .00 .00 .00 | 33.500 .000 15.000 .000 .000 .000 .000 | 301 27 | .70 .00 .69 .00 .00 .00 | 3620.35 .00 166.15 .00 .00 .00 | |
| OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS | 24 0 12 0 0 | 67 0 30 0 0 0 | | 7,240.69 .00 332.30 .00 .00 .00 | 108.07 .00 11.08 .00 .00 .00 | 33.500 .000 15.000 .000 .000 .000 | 301 27 | .70 .00 .69 .00 .00 | 3620.35 .00 166.15 .00 .00 .00 | |

.00

.00

.00

.00

.00

686.32

.00

.00

.00

.00

.00

12.04

.000

.000

.000

.000

.000

28.500

.00

.00

.00

.00

.00

85.79

.00

.00

.00

.00

.00

343.16

HOSPICE SERVICES

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

0

0

8

0

0

0

0

0

57

| ALL OTHER PROVIDERS | 3 | 300 | 43.62 | .15 | 150.000 | 14.54 | 21.81 |
|-------------------------------|---|-----|-----------|-----------|---------|-----------|-----------|
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 #CALIF DEPT OF HEALTH SERV PAGE 15,109 MOP024 FEE-FOR-SERVICE/DENTAL

SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

| Califoldes | | | | | | MONT | HLY AVERAG | E |
|--|----------------------------|-------|-------------------|--------------|--------------|-------------|------------|-------------|
| POTORAL, ALL FROVIDERS | 02 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| PAPHSICIANS SERVICES 0 | | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| PAPHSICIANS SERVICES 0 | @TOTAL, ALL PROVIDERS | 408 | 2 , 690 \$ | 131,058.37 | \$ 48.72 | 1345.000 \$ | 321.22 | \$ 65529.19 |
| OFFICE VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| HOME VISITS | OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MERICRICY ROOM | OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE O | HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT O | PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NAMES NAME | OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE O O O O O O O O O O O O O O O O O O O | INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE 0 0 0 0 00 000 000 000 000 000 000 000 | HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOCICAL SERVICES O O O OPHTHALMOLOCICAL SERVICES O O O O O O O O O O O O O O O O O O O | CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGENY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | | .00 | .00 |
| ANESTHESIOLOGIST OUTPATIENT SURGERY OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO | ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | | .00 | .00 |
| ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | | .00 | .00 |
| DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0 | ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0 | ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0 | PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION O O O O O O O O O | RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY 87 1,036 \$ 29,769.97 \$ 28.74 518.000 \$ 342.18 \$ 14884.99 PRESCRIPTION DRUGS 72 98 28,807.83 293.96 49.000 400.11 14403.92 SNF/ICF 1 1 21.95 21.95 .500 21.95 10.98 OUTPATIENTS 72 97 28,785.88 296.76 48.500 399.80 14392.94 MEDICAL SUPPLIES 15 938 962.14 1.03 469.000 64.14 481.07 @DENTIST 62 304 \$ 12,725.80 \$ 41.86 152.000 \$ 205.25 \$ 636.290 VISITS - DIAGNOSTIC 45 198 2,379.00 12.02 99.000 52.87 1189.50 ORAL SURGERY 14 55 2,405.00 43.73 27.500 171.79 1202.50 DRUGS 0 0 .00 .00 .00 .00 .00 .00 .00 <td>IMMUNIZATION AND INJECTION</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td> | IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRESCRIPTION DRUGS 72 98 28,807.83 293.96 49.000 400.11 14403.92 SNF/ICF 1 1 21.95 21.95 .500 21.95 10.98 OUTPATIENTS 72 97 28,785.88 296.76 48.500 399.80 14392.94 MEDICAL SUPPLIES 15 938 962.14 1.03 469.000 64.14 481.07 @DENTIST 62 304 \$ 12,725.80 \$ 41.86 152.000 \$ 205.25 \$ 6362.90 VISITS - DIAGNOSTIC 45 198 2,379.00 12.02 99.000 52.87 1189.50 ORAL SURGERY 14 55 2,405.00 43.73 27.500 171.79 1202.50 DRUGS 0 0 .00 <td>OTHER SERVICES/ALL X-OVERS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td> | OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF 1 1 21.95 21.95 .500 21.95 10.98 OUTPATIENTS 72 97 28,785.88 296.76 48.500 399.80 14392.94 MEDICAL SUPPLIES 15 938 962.14 1.03 469.000 64.14 481.07 @DENTIST 62 304 \$ 12,725.80 \$ 41.86 152.000 \$ 205.25 \$ 6362.90 VISITS - DIAGNOSTIC 45 198 2,379.00 12.02 99.000 52.87 1189.50 ORAL SURGERY 14 55 2,405.00 43.73 27.500 171.79 1202.50 DRUGS 0 0 .00 | @PHARMACY | 87 | 1,036 \$ | 29,769.97 | \$ 28.74 | 518.000 \$ | 342.18 | \$ 14884.99 |
| OUTPATIENTS 72 97 28,785.88 296.76 48.500 399.80 14392.94 MEDICAL SUPPLIES 15 938 962.14 1.03 469.000 64.14 481.07 @DENTIST 62 304 \$ 12,725.80 \$ 41.86 152.000 \$ 205.25 \$ 6362.90 VISITS - DIAGNOSTIC 45 198 2,379.00 12.02 99.000 52.87 1189.50 ORAL SURGERY 14 55 2,405.00 43.73 27.500 171.79 1202.50 DRUGS 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .500 55.00 55.00 27.50 ENDODONTICS 3 3 590.00 196.67 1.500 196.67 295.00 RESTORATIVE DENTISTRY 7 18 1,033.00 57.39 9.000 147.57 516.50 | PRESCRIPTION DRUGS | 72 | 98 | 28,807.83 | 293.96 | 49.000 | 400.11 | 14403.92 |
| MEDICAL SUPPLIES 15 938 962.14 1.03 469.000 64.14 481.07 @DENTIST 62 304 \$ 12,725.80 \$ 41.86 152.000 \$ 205.25 \$ 6362.90 VISITS - DIAGNOSTIC 45 198 2,379.00 12.02 99.000 52.87 1189.50 ORAL SURGERY 14 55 2,405.00 43.73 27.500 171.79 1202.50 DRUGS 0 0 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .500 50.00 PERIODONTICS 1 1 55.00 55.00 .500 55.00 27.50 ENDODONTICS 3 3 590.00 196.67 1.500 196.67 295.00 RESTORATIVE DENTISTRY 7 18 1,033.00 57.39 9.000 147.57 516.50 | SNF/ICF | 1 | 1 | 21.95 | 21.95 | .500 | 21.95 | 10.98 |
| @DENTIST 62 304 \$ 12,725.80 \$ 41.86 152.000 \$ 205.25 \$ 6362.90 VISITS - DIAGNOSTIC 45 198 2,379.00 12.02 99.000 52.87 1189.50 ORAL SURGERY 14 55 2,405.00 43.73 27.500 171.79 1202.50 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .500 100.00 50.00 PERIODONTICS 1 1 55.00 55.00 .500 55.00 27.50 ENDODONTICS 3 3 590.00 196.67 1.500 196.67 295.00 RESTORATIVE DENTISTRY 7 18 1,033.00 57.39 9.000 147.57 516.50 | OUTPATIENTS | 72 | 97 | 28,785.88 | 296.76 | 48.500 | 399.80 | 14392.94 |
| VISITS - DIAGNOSTIC 45 198 2,379.00 12.02 99.000 52.87 1189.50 ORAL SURGERY 14 55 2,405.00 43.73 27.500 171.79 1202.50 DRUGS 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .500 100.00 50.00 PERIODONTICS 1 1 55.00 55.00 .500 55.00 27.50 ENDODONTICS 3 3 590.00 196.67 1.500 196.67 295.00 RESTORATIVE DENTISTRY 7 18 1,033.00 57.39 9.000 147.57 516.50 | MEDICAL SUPPLIES | 15 | 938 | 962.14 | 1.03 | 469.000 | 64.14 | 481.07 |
| ORAL SURGERY 14 55 2,405.00 43.73 27.500 171.79 1202.50 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .500 100.00 50.00 PERIODONTICS 1 1 55.00 55.00 .500 55.00 27.50 ENDODONTICS 3 3 590.00 196.67 1.500 196.67 295.00 RESTORATIVE DENTISTRY 7 18 1,033.00 57.39 9.000 147.57 516.50 | @DENTIST | 62 | 304 \$ | 12,725.80 | \$ 41.86 | 152.000 \$ | 205.25 | \$ 6362.90 |
| DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .500 100.00 50.00 PERIODONTICS 1 1 55.00 55.00 .500 55.00 27.50 ENDODONTICS 3 3 590.00 196.67 1.500 196.67 295.00 RESTORATIVE DENTISTRY 7 18 1,033.00 57.39 9.000 147.57 516.50 | VISITS - DIAGNOSTIC | 45 | 198 | 2,379.00 | 12.02 | 99.000 | 52.87 | 1189.50 |
| ANESTHESIA 1 1 100.00 100.00 .500 100.00 50.00 PERIODONTICS 1 1 55.00 55.00 .500 55.00 27.50 ENDODONTICS 3 3 590.00 196.67 1.500 196.67 295.00 RESTORATIVE DENTISTRY 7 18 1,033.00 57.39 9.000 147.57 516.50 | ORAL SURGERY | 14 | 55 | 2,405.00 | 43.73 | 27.500 | 171.79 | 1202.50 |
| PERIODONTICS 1 1 55.00 55.00 55.00 27.50 ENDODONTICS 3 3 590.00 196.67 1.500 196.67 295.00 RESTORATIVE DENTISTRY 7 18 1,033.00 57.39 9.000 147.57 516.50 | DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS 3 3 590.00 196.67 1.500 196.67 295.00 RESTORATIVE DENTISTRY 7 18 1,033.00 57.39 9.000 147.57 516.50 | ANESTHESIA | 1 | 1 | 100.00 | | .500 | 100.00 | 50.00 |
| ENDODONTICS 3 3 590.00 196.67 1.500 196.67 295.00 RESTORATIVE DENTISTRY 7 18 1,033.00 57.39 9.000 147.57 516.50 | PERIODONTICS | 1 | 1 | 55.00 | 55.00 | .500 | 55.00 | 27.50 |
| 1,000,00 0,00 1,00 010,00 | ENDODONTICS | 3 | 3 | 590.00 | 196.67 | | 196.67 | 295.00 |
| PROSTHETICS 1 1 30.00 30.00 .500 30.00 15.00 | RESTORATIVE DENTISTRY | 7 | 18 | 1,033.00 | 57.39 | | 147.57 | 516.50 |
| | PROSTHETICS | 1 | 1 | 30.00 | 30.00 | .500 | 30.00 | 15.00 |

| DENTURES, STAYPLATES | 13 | 27 | 6,133.80 | 227.18 | 13.500 | 471.83 | 3066.90 |
|----------------------------|----------------------|-----------------------|---------------------|-----------|-------------|--------------|-------------|
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ND EXPENDITURES MONTH | H-OF-PAYMENT REPORT | FOR JAN 2 | 2004 THRU D | EC 2004 | PAGE 15,110 |
| MOP024 | FEE-FOR-SERVICE/DEN | ΓAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR IN HOME SUPPORT | r - TOTAL | | | | |
| | | | | | MOI | NTHLY AVERAG | E |

| | | | | | | Mo | ГИС | THLY AVERA | GΕ | |
|------------------------------|-------|------------------|--------------|------|----------|------------|-----|------------|----|----------|
| 02 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVER | AGE COST | UNITS/DAYS | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |

| 00 | | | | | | MONTE | HLY AVERAG | E |
|-----------------------------|--------------------------|-----------|------------|---------------|---------------|--------------|------------|-------------|
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | IN HOME | SUPPORT - | TOTAL | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| | MEDI-CAL SERVICES AND EX | KPENDITUR | ES MONTH-O | F-PAYMENT REP | ORT FOR JAN 2 | 004 THRU DEC | 2004 | PAGE 15,111 |
| CROSSOVERS/ALL OTH OUTPTNT | | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| 02 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|----------------------------|-------|------------------|--------------|--------------|------------|----------|----------|
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
|-----------------------------------|--------------------|---------------------|--------------------|--------|-------------|-------------|-----------------|-------|-----------------------|
| @STATE HOSPITAL | 0 | 0 | \$.0 | 0 \$ | .00 | .000 | | \$ | .00 |
| MENTALLY ILL | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$.0 | 0 \$ | .00 | .000 | \$.00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$.0 | | .00 | | \$.00 | \$ | .00 |
| ICF DDH | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| ICF DD | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | | \$.0 | | .00 | | \$.00 | Ś | .00 |
| HOSPITAL BASED | 0 | 0 | .0 | | .00 | .000 | .00 | т | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | • | \$.0 | | .00 | | \$.00 | Ś | .00 |
| HOSPITAL BASED | 0 | 0 | .0 | | .00 | .000 | .00 | Ÿ | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| @LABORATORY FACILITY | 0 | | \$.0 | | .00 | | \$.00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | .0 | | .00 | .000 | .00 | Y | .00 |
| XO AND OTHERS | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | • | \$ \$ | | .00 | | | \$ | .00 |
| CLINIC CLINIC | 0 | 0 | ٠. 0. | | .00 | .000 | .00 | Ų | .00 |
| SURGICENTER | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| | U AMERICAN CERTAIN | U | | | | | | DA | |
| #CALIF DEPT OF HEALTH SERV MOP024 | | CES AND EXPENDITURE | S MONTH-OF-PAYMENT | REPOR. | r for Jan 2 | 2004 THRU D | EC 2004 | PA | GE 15,112 03/14/05 |
| | FEE-FOR-SERVICE | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR IN HOME | SUPPORT - TOTAL | | | 140 | NIMILL V. TIMES | CE | |
| 02 FITCIBLES | HOEDO | INITES OF SERVICE | EADENDIMIDE | C 7,77 | | | NTHLY AVERA | _ | |
| 02 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURE | | | UNITS/DAYS | | | OST PER |
| ANTI OBUBD DDOMIDEDS | 070 | OR DAYS OF CARE | ć 00 F60 6 | | R UNIT/DAY | | USER | | LIGIBLE |
| @ALL OTHER PROVIDERS | 270 | -/ | \$ 88,562.6 | | 65.60 | 675.000 | • | \$ 44 | 4281.30 |
| DURABLE MED. EQUIP. | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| BLOOD BANK | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| OTHER TRANS | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |

13,787.28

73,310.30

.00

.00

.00

.00

.00

.00

.00

.00

.00

735.08

69.63

99.34

12.90

.00

.00

.00

.00

.00

.00

.00

.00

.00

99.000

369.000

28.500

.000

.000

.000

.000

.000

.000

.000

.000

.000

919.15

324.38

.00

.00

.00

.00

.00

.00

.00

.00

29.40

.00

6893.64

36655.15

367.54

.00

.00

.00

.00

.00

.00

.00

.00

.00

198

738

0

0

0

0

0

0

57

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS ORTHOTICS

PSYCHOLOGIST

OPTICIAN

15

0

226

0

0

0

0

0

0

0

25

| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|-----|-----------|-----------|---------|-----------|-----------|
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 8 | 57 | 686.32 | 12.04 | 28.500 | 85.79 | 343.16 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 3 | 300 | 43.62 | .15 | 150.000 | 14.54 | 21.81 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,113
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR PUBLIC A | SSI | STANCE - AGED | | | | | | |
|----------------------------|----------------|--------------------|-----|-------------------|-------------|------------|-----|--------|----|----------|
| | | | | | | MC | | | | |
| 189 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | UNITS/DAYS | 3 (| | | COST PER |
| | 0 = 4 0 | OR DAYS OF CARE | _ | | | | _ | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 3,512 | • | \$ | 805,262.24 | \$ 28.30 | 150.540 | | 229.29 | | 4260.65 |
| @PHYSICIANS SERVICES | 25 | | \$ | 825.42 | \$ 10.32 | .423 | Ş | 33.02 | Ş | 4.37 |
| OUTPATIENT VISITS | 1 | 1 | | .00 | .00 | .005 | | .00 | | .00 |
| OFFICE VISITS | 1 | 1 | | .00 | .00 | .005 | | .00 | | .00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 24 | 79 | | 825.42 | 10.45 | .418 | | 34.39 | | 4.37 |
| @PHARMACY | 543 | 4,545 | \$ | 94,744.70 | \$ | 24.048 | \$ | 174.48 | \$ | 501.29 |
| PRESCRIPTION DRUGS | 444 | 762 | | 88,455.99 | 116.08 | 4.032 | | 199.23 | | 468.02 |
| SNF/ICF | 44 | 104 | | 10,048.18 | 96.62 | .550 | | 228.37 | | 53.16 |
| OUTPATIENTS | 401 | 658 | | 78,407.81 | 119.16 | 3.481 | | 195.53 | | 414.86 |
| MEDICAL SUPPLIES | 109 | 3,783 | | 6 , 288.71 | 1.66 | 20.016 | | 57.69 | | 33.27 |
| @DENTIST | 1,192 | 4,950 | \$ | 238,126.03 | \$ 48.11 | 26.190 | \$ | 199.77 | \$ | 1259.93 |
| VISITS - DIAGNOSTIC | 750 | 3,150 | | 35,070.43 | 11.13 | 16.667 | | 46.76 | | 185.56 |
| ORAL SURGERY | 184 | 486 | | 23,155.25 | 47.64 | 2.571 | | 125.84 | | 122.51 |

| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
|----------------------------|------------------|--------------------|----------------------|----------------|--------------|------------|-------------|--|
| ANESTHESIA | 6 | 6 | 600.00 | 100.00 | .032 | 100.00 | 3.17 | |
| PERIODONTICS | 43 | 43 | 3,760.00 | 87.44 | .228 | 87.44 | 19.89 | |
| ENDODONTICS | 29 | 39 | 7,640.00 | 195.90 | .206 | 263.45 | 40.42 | |
| RESTORATIVE DENTISTRY | 188 | 408 | 28,129.85 | 68.95 | 2.159 | 149.63 | 148.84 | |
| PROSTHETICS | 14 | 15 | 513.50 | 34.23 | .079 | 36.68 | 2.72 | |
| DENTURES, STAYPLATES | 334 | 782 | 139,257.00 | 178.08 | 4.138 | 416.94 | 736.81 | |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER SERVICES | 26 | 21 | .00 | .00 | .111 | .00 | .00 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITURE | S MONTH-OF-PAYMENT F | REPORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,114 | |
| MOP024 | FEE-FOR-SERVICE | DENTAL | | | | | 03/14/05 | |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR PUBLIC A | SSISTANCE - AGED | | | | | |
| | | | | | MON | THLY AVERA | GE | |
| 189 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | |
| @OPTOMETRIST | 2 | 7 | \$ 140.92 | \$ 20.13 | .037 \$ | 70.46 | \$.75 | |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 45.00 | 45.00 | .005 | 45.00 | .24 | |
| EYE APPLIANCES | 2 | 6 | 95.92 | 15.99 | .032 | 47.96 | .51 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | \$.00 | |
| 7/T C T T C | 0 | <u> </u> | 0.0 | 0.0 | 000 | 0.0 | $\cap \cap$ | |

| 109 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | ERAGE COST | | > | COST PER | COST PER |
|------------------------------|-------|------------------|-----------------|----|------------|------|----|----------|-------------|
| | | OR DAYS OF CARE | | | R UNIT/DAY | | | USER | ELIGIBLE |
| @OPTOMETRIST | 2 | 7 | \$ 140.92 | \$ | 20.13 | .037 | \$ | 70.46 | \$.75 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 45.00 | | 45.00 | .005 | | 45.00 | .24 |
| EYE APPLIANCES | 2 | 6 | 95.92 | | 15.99 | .032 | | 47.96 | .51 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| @PODIATRIST | 3 | 3 | \$ 12.19 | \$ | 4.06 | .016 | \$ | 4.06 | \$.06 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| OTHER | 3 | 3 | 12.19 | | 4.06 | .016 | | 4.06 | .06 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 9 | 29 | \$ 16,452.56 | \$ | 567.33 | .153 | \$ | 1828.06 | \$ 87.05 |
| HOSP INPATIENT TOTAL | 3 | 11 | 16,229.16 | | 1475.38 | .058 | | 5409.72 | 85.87 |
| HSC HOSPITALS | 1 | 1 | 1,352.28 | | 1352.28 | .005 | | 1352.28 | 7.15 |
| NON-HSC HOSPITAL TOTAL | 2 | 10 | 18,344.88 | | 1834.49 | .053 | | 9172.44 | 97.06 |
| ACCOMMODATIONS | 2 | 10 | 8,016.73 | | 801.67 | .053 | | 4008.37 | 42.42 |
| ADMINISTRATIVE DAYS | 1 | 6 | 1,340.48 | | 223.41 | .032 | | 1340.48 | 7.09 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 2 | 4 | 6,676.25 | | 1669.06 | .021 | | 3338.13 | 35.32 |
| ANCILLARIES | 2 | 0 | 10,328.15 | | .00 | .000 | | 5164.08 | 54.65 |
| INPATIENT CROSSOVERS | 0 | 0 | 3,468.00CF | 3 | .00 | .000 | | .00 | 18.35CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 6 | 18 | 223.40 | | 12.41 | .095 | | 37.23 | 1.18 |
| MEDICAL | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 6 | 18 | 223.40 | | 12.41 | .095 | | 37.23 | 1.18 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| | | | | | | | | | |

| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|---|---|------------------------|---|--|--|---|---|
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITURES MON | TH-OF-PAYMENT REF | PORT FOR JAN 2 | 2004 THRU D | EC 2004 | PAGE 15,115 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVI | CES FOR PUBLIC ASSIST | ANCE - AGED | | | | |
| | | | | | MO | NTHLY AVERAG | E |
| 189 ELIGIBLES | USERS | JNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 9 | 29 \$ | 16,452.56 | \$ 567.33 | .153 | \$ 1828.06 | \$ 87.05 |
| COMM HOSP INPATIENT TOTAL | | | | | | | |
| | 3 | 11 | 16,229.16 | 1475.38 | .058 | 5409.72 | 85.87 |
| HSC HOSPITALS | 3 1 | 1 | 1,352.28 | 1352.28 | .005 | 1352.28 | 7.15 |
| HSC HOSPITALS NON-HSC HOSPITALS TOTAL | 3 1 2 | 1 10 | 1,352.28 18,344.88 | 1352.28 1834.49 | .005 .053 | 1352.28 9172.44 | 7.15 97.06 |
| HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | 3 1 2 2 | 1 | 1,352.28 18,344.88 8,016.73 | 1352.28 1834.49 801.67 | .005 .053 .053 | 1352.28 9172.44 4008.37 | 7.15 97.06 42.42 |
| HSC HOSPITALS NON-HSC HOSPITALS TOTAL | 3 1 2 2 1 | 1 10 | 1,352.28 18,344.88 | 1352.28 1834.49 | .005 .053 .053 .032 | 1352.28 9172.44 | 7.15 97.06 |
| HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | 3 1 2 2 1 0 | 1 10 | 1,352.28 18,344.88 8,016.73 1,340.48 | 1352.28 1834.49 801.67 223.41 | .005 .053 .053 .032 | 1352.28 9172.44 4008.37 1340.48 | 7.15 97.06 42.42 7.09 |
| HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | 3 1 2 2 1 0 2 | 1 10 | 1,352.28 18,344.88 8,016.73 1,340.48 .00 6,676.25 | 1352.28 1834.49 801.67 223.41 .00 1669.06 | .005 .053 .053 .032 .000 | 1352.28 9172.44 4008.37 1340.48 .00 3338.13 | 7.15 97.06 42.42 7.09 .00 35.32 |
| HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | 3 1 2 2 1 0 2 2 | 1 10 | 1,352.28 18,344.88 8,016.73 1,340.48 .00 6,676.25 10,328.15 | 1352.28 1834.49 801.67 223.41 .00 1669.06 | .005 .053 .053 .032 .000 .021 | 1352.28 9172.44 4008.37 1340.48 .00 3338.13 5164.08 | 7.15 97.06 42.42 7.09 .00 35.32 54.65 |
| HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | 3 1 2 2 1 0 2 2 2 | 1 10 | 1,352.28 18,344.88 8,016.73 1,340.48 .00 6,676.25 | 1352.28 1834.49 801.67 223.41 .00 1669.06 | .005 .053 .053 .032 .000 | 1352.28 9172.44 4008.37 1340.48 .00 3338.13 | 7.15 97.06 42.42 7.09 .00 35.32 |

| COMM HOSP OUTPATIENT TOTAL | 6 | 18 | | 223.40 | | 12.41 | .095 | | 37.23 | | 1.18 |
|------------------------------|------------------------|-----------|--------|--------------------|-------|--------|-----------|-----|-----------|------|------------|
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 18 | | 223.40 | | 12.41 | .095 | | 37.23 | | 1.18 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 10 | 337 | \$ | 44,513.99 | \$ | 132.09 | 1.783 | \$ | 4451.40 | \$ | 235.52 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 10 | 337 | | 44,513.99 | | 132.09 | 1.783 | | 4451.40 | | 235.52 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 7 | 9 | \$ | 3,165.23 | \$ | 351.69 | | \$ | 452.18 | \$ | 16.75 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 7 | 9 | | 3,165.23 | | 351.69 | .048 | | 452.18 | | 16.75 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 233 | 697 | \$ | 27,593.35 | \$ | 39.59 | 3.688 | \$ | 118.43 | \$ | 146.00 |
| CLINIC | 18 | 385 | | 7,403.55 | | 19.23 | 2.037 | | 411.31 | | 39.17 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 215 | 312 | | 20,189.80 | | 64.71 | 1.651 | | 93.91 | | 106.82 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU | RES MO | ONTH-OF-PAYMENT RE | EPORT | | 2004 THRU | DEC | 2004 | PI | AGE 15,116 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FO | R PUBLIC | ASSI | STANCE - AGED | | | | | | | |
| | | | | | | | M | TNO | HLY AVERA | GE - | |
| | | | | | | | , | | | | |

| | | | | | 11014 | T1111 T 21 V 11 (42) | OL |
|--------------------------------|-------|------------------|--------------|--------------|------------|----------------------|------------|
| 189 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 1,653 | 17,795 \$ | 379,687.85 | \$ 21.34 | 94.153 \$ | 229.70 | \$ 2008.93 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 2 | 528 | 1,046.10 | 1.98 | 2.794 | 523.05 | 5.53 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 2 | 528 | 1,046.10 | 1.98 | 2.794 | 523.05 | 5.53 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 55 | 778 | 54,171.52 | 69.63 | 4.116 | 984.94 | 286.62 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 913 | 3,037 | 303,882.30 | 100.06 | 16.069 | 332.84 | 1607.84 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 702 | 1,491 | 18,370.57 | 12.32 | 7.889 | 26.17 | 97.20 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----|--|---------------------------------------|---------------------------------------|---|--|--|--|--|---|---|
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 22 | 11,961 | | 2,217.36 | | .19 | 63.286 | | 100.79 | | 11.73 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 35 | 113 | \$ | 2,039.61 | \$ | 18.05 | .598 | \$ | 58.27 | \$ | 10.79 |
| | 0 0 0 0 0 0 0 0 0 0 0 22 0 35 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 22 11,961 2,217.36 0 \$.00 | 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 22 11,961 2,217.36 0 \$.00 \$ | 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 22 11,961 2,217.36 .19 0 \$.00 \$ | 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 22 11,961 2,217.36 .19 63.286 0 \$.00 \$.00 .000 | 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 22 11,961 2,217.36 .19 63.286 0 \$.00 \$.00 \$ | 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 22 11,961 2,217.36 .19 63.286 100.79 0 \$.00 \$.00 .00 \$.00 | 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 22 11,961 2,217.36 .19 63.286 100.79 0 \$.00 \$.00 .000 \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,117
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

----- MONTHLY AVERAGE -----13 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 274 8,332 85,187.68 10.22 640.923 \$ 310.90 \$ 6552.90 140.79 246.39 \$ @PHYSICIANS SERVICES 4 985.55 .538 \$ OUTPATIENT VISITS 0 .00 .00 0 .00 .000 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 PREVENTIVE CARE .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 .00 .000 .00 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 DIALYSIS .000 .00 PATHOLOGY .00 .00 .000 .00 .00 960.69 480.35 960.69 RADIOLOGY .154 73.90 .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 3 5 24.86 OTHER SERVICES/ALL X-OVERS 4.97 .385 8.29 1.91 198 12,113.94 15.231 \$ 195.39 \$ 931.84 @PHARMACY 61.18 PRESCRIPTION DRUGS 10,931.31 128.60 6.538 223.09 840.87

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF | 1 | 5 | 216.30 | 43.26 | .385 | 216.30 | 16.64 |
|----------------------------|-----------------------|--------------|--------------------|---------------|--------------|---------|-------------|
| OUTPATIENTS | 48 | 80 | 10,715.01 | 133.94 | 6.154 | 223.23 | 824.23 |
| MEDICAL SUPPLIES | 13 | 113 | 1,182.63 | 10.47 | 8.692 | 90.97 | 90.97 |
| @DENTIST | 86 | 395 \$ | 15,670.75 | \$ 39.67 | 30.385 | 182.22 | \$ 1205.44 |
| VISITS - DIAGNOSTIC | 59 | 250 | 3,137.75 | 12.55 | 19.231 | 53.18 | 241.37 |
| ORAL SURGERY | 8 | 40 | 1,410.00 | 35.25 | 3.077 | 176.25 | 108.46 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .154 | 100.00 | 15.38 |
| PERIODONTICS | 3 | 3 | 291.00 | 97.00 | .231 | 97.00 | 22.38 |
| ENDODONTICS | 4 | 5 | 1,190.00 | 238.00 | .385 | 297.50 | 91.54 |
| RESTORATIVE DENTISTRY | 19 | 59 | 3,917.00 | 66.39 | 4.538 | 206.16 | 301.31 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 17 | 32 | 5,525.00 | 172.66 | 2.462 | 325.00 | 425.00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 3 | 4 | .00 | .00 | .308 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DE | EC 2004 | PAGE 15,118 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | 03/14/05 |

SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR | POBLIC A | ASSIS | STANCE - BLIND | | | 7.4 | O N T IT | | CE | |
|------------------------------|----------------|------------|-----------|----------|----------------|----------|-----------|-----------|----------|-----------|----------|----------|
| 12 81 1018180 | HORDO | IINITEO OF | ODDIII OD | | | 3.7.7.7. | 7.CE COCE | | | HLY AVERA | .GĽ | COCE DED |
| 13 ELIGIBLES | USERS | UNITS OF | - | | EXPENDITURES | | | UNITS/DAY | | COST PER | | COST PER |
| O O DECOMPED TOE | 0 | OR DAYS | | ć | 0.0 | | UNIT/DAY | PER ELIG | | USER | Ċ | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | U | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | U | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | U | | 0 | <u> </u> | .00 | <u> </u> | .00 | .000 | _ | .00 | <u> </u> | .00 |
| @CHIROPRACTOR | U | | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | Ü | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | | 0 | \$ | .00 | Ş | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | | 0 | Ş | .00 | Ş | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | | 0 | Ş | .00 | Ş | .00 | .000 | Ş | .00 | Ş | .00 |
| PEDIATRIC NURSE PRACTITIONER | . 0 | | 0 | Ş | .00 | Ş | .00 | .000 | Ş | .00 | Ş | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | Ş | .00 | .000 | Ş | .00 | Ş | .00 |
| @TOTAL HOSPITAL | 2 | | 8 | \$ | 76.76 | \$ | 9.60 | .615 | \$ | 38.38 | \$ | 5.90 |
| HOSP INPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2 | | 8 | | 76.76 | | 9.60 | .615 | | 38.38 | | 5.90 |
| MEDICAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 2 | | 8 | | 76.76 | | 9.60 | .615 | | 38.38 | | 5.90 |

| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|-------------------------|-----------|------------|------------------|-------------|--------------|------------|-------------|
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 \$ | .00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | KPENDITUR | ES MONTH-O | F-PAYMENT REPOR' | r for Jan 2 | 004 THRU DEC | 2004 | PAGE 15,119 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | PUBLIC . | ASSISTANCE | - BLIND | | | | |
| | | | | | | MONT | HIY AVERAG | F |

| SOLANO COUNTI | SOMMANT OF SERV | VICES FOR | LODLIC | ADDIDI | ANCE BEIND | | | | | ~= | |
|-----------------------------|-----------------|-----------|--------|--------|--------------|--------------|------------|----|------------|-----|----------|
| 10 | | | | | | | | | 'HLY AVERA | GE: | |
| 13 ELIGIBLES | USERS | UNITS OF | | | EXPENDITURES | | UNITS/DAYS | 5 | COST PER | | COST PER |
| _ | _ | OR DAYS | | | | . UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2 | | 8 | \$ | 76.76 | \$ 9.60 | .615 | Ş | 38.38 | \$ | 5.90 |
| COMM HOSP INPATIENT TOTAL | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2 | | 8 | | 76.76 | 9.60 | .615 | | 38.38 | | 5.90 |
| MEDICAL | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 2 | | 8 | | 76.76 | 9.60 | .615 | | 38.38 | | 5.90 |
| RADIOLOGY | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | | 0 | \$ | .00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 1 | | 61 | \$ | 7,295.60 | \$ 119.60 | 4.692 | \$ | 7295.60 | \$ | 561.20 |
| LEV A-INTERMEDIATE | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 1 | | 61 | | 7,295.60 | 119.60 | 4.692 | | 7295.60 | | 561.20 |
| @INTERMEDIATE CARE FACILDD | 0 | | 0 | \$ | .00 | \$.00 | .000 | \$ | .00 | \$ | .00 |

| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------|------------------|-------|--------------------|-------|-------------|-----------|-----|-----------|------|------------|
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 37 | 47 | \$ | 3,320.29 | \$ | 70.64 | 3.615 | \$ | 89.74 | \$ | 255.41 |
| CLINIC | 1 | 1 | | 14.18 | | 14.18 | .077 | | 14.18 | | 1.09 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 36 | 46 | | 3,306.11 | | 71.87 | 3.538 | | 91.84 | | 254.32 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITUR | RES N | MONTH-OF-PAYMENT R | EPORT | r for jan 2 | 2004 THRU | DEC | 2004 | PΖ | AGE 15,120 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVI | CES FOR PUBLIC | ASSI | ISTANCE - BLIND | | | | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE - | |
| 13 ELIGIBLES | USERS | UNITS OF SERVICE | C | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY | S | COST PER | (| COST PER |
| | | OR DAYS OF CARE | C | | PEI | R UNIT/DAY | PER ELIG | | USER | I | ELIGIBLE |
| @ALL OTHER PROVIDERS | 95 | 7,616 | \$ | 45 , 724.79 | \$ | 6.00 | 585.846 | \$ | 481.31 | \$ | 3517.29 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----|---|---|---|--|---|---|---|--|--|--|
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 26 | 121 | | 13,342.86 | | 110.27 | 9.308 | | 513.19 | | 1026.37 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 19 | 44 | | 494.86 | | 11.25 | 3.385 | | 26.05 | | 38.07 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 47 | 7,258 | | 26,136.06 | | 3.60 | 558.308 | | 556.09 | | 2010.47 |
| 2 | 191 | | 5,617.31 | | 29.41 | 14.692 | | 2808.66 | | 432.10 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 1 | 2 | | 133.70 | | 66.85 | .154 | | 133.70 | | 10.28 |
| 1 | 2 | \$ | 960.69 | \$ | 480.35 | .154 | \$ | 960.69 | \$ | 73.90 |
| 4 | 7 | \$ | 158.56 | \$ | 22.65 | .538 | \$ | 39.64 | \$ | 12.20 |
| | 0 0 26 0 19 0 0 0 0 0 0 0 0 47 2 0 0 1 1 1 | 0 19 44 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 19 44 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 .00 26 121 13,342.86 0 0 .00 19 44 494.86 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 47 7,258 26,136.06 2 191 5,617.31 0 0 .00 0 0 .00 0 .00 .00 1 2 133.70 1 2 \$ 960.69 | 0 0 .00 26 121 13,342.86 0 0 .00 19 44 494.86 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 47 7,258 26,136.06 2 191 5,617.31 0 0 .00 0 .00 .00 1 2 133.70 1 2 \$ 960.69 \$ | 0 0 .00 .00 26 121 13,342.86 110.27 0 0 .00 .00 19 44 494.86 11.25 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 47 7,258 26,136.06 3.60 2 191 5,617.31 29.41 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 1 2 133.70 66.85 1 2 960.69 \$ 480.35 | 0 0 .00 .00 .000 26 121 13,342.86 110.27 9.308 0 0 .00 .00 .000 19 44 494.86 11.25 3.385 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 47 7,258 26,136.06 3.60 558.308 2 191 5,617.31 29.41 14.692 0 0 .00 .00 .00 | 0 0 .00 .00 .000 26 121 13,342.86 110.27 9.308 0 0 .00 .00 .000 19 44 494.86 11.25 3.385 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 47 7,258 26,136.06 3.60 558.308 2 191 5,617.31 29.41 14.692 0 0 .00 .00 .00 0 0 .00 .00 .00 1 2 133.70 66.85 .154 </td <td>0 0 .00 .00 .00 .00 26 121 13,342.86 110.27 9.308 513.19 0 0 .00 .00 .000 .00 19 44 494.86 11.25 3.385 26.05 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 <t< td=""><td>0 0 .00 .00 .00 .00 26 121 13,342.86 110.27 9.308 513.19 0 0 .00 .00 .000 .00 19 44 494.86 11.25 3.385 26.05 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 <td< td=""></td<></td></t<></td> | 0 0 .00 .00 .00 .00 26 121 13,342.86 110.27 9.308 513.19 0 0 .00 .00 .000 .00 19 44 494.86 11.25 3.385 26.05 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 <t< td=""><td>0 0 .00 .00 .00 .00 26 121 13,342.86 110.27 9.308 513.19 0 0 .00 .00 .000 .00 19 44 494.86 11.25 3.385 26.05 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 <td< td=""></td<></td></t<> | 0 0 .00 .00 .00 .00 26 121 13,342.86 110.27 9.308 513.19 0 0 .00 .00 .000 .00 19 44 494.86 11.25 3.385 26.05 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 <td< td=""></td<> |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,121
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 1,093 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 21,379 8,327,392.62 52.77 144.366 \$ @TOTAL, ALL PROVIDERS 157,792 \$ 389.51 \$ 7618.84 235 37.16 @PHYSICIANS SERVICES 658 24,452.25 \$.602 \$ 104.05 \$ 48.35 5.13 OUTPATIENT VISITS 94 116 5,609.10 .106 59.67 .0-1-43 46 OFFICE VISITS 1,429.11 31.07 33.24 0 .00 .00 .00 HOME VISITS .00 64.50 49.90 60.48 36.85 43.60 EMERGENCY ROOM 44 54 3,482.83 79.16 3.19 1 1 49.90 .001 49.90 120.96 PREVENTIVE CARE .05 241.92 .004 OB VISITS/COMPRE PERI 11 OTHER OUTPATIENT 405.34 .010 45.04 .37 69 .063 136.75 INPATIENT VISITS 3,008.55 2.75 42.36 .055 141.20 HOSPITAL VISITS 2,541.61 2 CRITICAL CARE 3 202.44 67.48 44.08 57.79 57.79 67.48 .003 101.22 .19 SNF/ICF/TRANS IP CARE 6 264.50 .005 66.13 .24 OPHTHALMOLOGICAL SERVICES 57.79 .001 EXAMINATIONS 57.79 .001 57.79 .05 .00 .00 0 .000 SERVICES AND MATERIALS .00 37 2,673.35 72.25 .034 445.56 INPATIENT HOSPITAL SURGERY 879.74 6 1,759.48 293.25 .005 PRINCIPAL SURGEON 1.61 1 93.25 93.25 93.25 ASSISTANT SURGEON .001 .09 27.35 ANESTHESIOLOGIST 30 .027 205.16 820.62 13 28 2,399.68 OUTPATIENT SURGERY 85.70 .026 184.59 2.20 13 143.56 1.0 1,866.26 .012 186.63 PRINCIPAL SURGEON 1.71 0 .00 .00 .000 .00 .00 ASSISTANT SURGEON 3 ANESTHESIOLOGIST 15 533.42 35.56 .014 177.81 .49 DIALYSIS 14 441.10 31.51 .013 220.55 .40 PATHOLOGY 751.22 5.11 .134 35.77 .69

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| RADIOLOGY | 49 | 76 | 3,598.44 | | 47.35 | .070 | | 73.44 | | 3.29 |
|----------------------------|-----------------------|--------------|----------------------|--------|---------|-----------|-----|--------|----|------------|
| PSYCHIATRY | 2 | 2 | 60.54 | | 30.27 | .002 | | 30.27 | | .06 |
| IMMUNIZATION AND INJECTION | 4 | 5 | 1,852.52 | | 370.50 | .005 | | 463.13 | | 1.69 |
| OTHER SERVICES/ALL X-OVERS | 85 | 163 | 3,999.96 | | 24.54 | .149 | | 47.06 | | 3.66 |
| @PHARMACY | 12,144 | 40,456 \$ | 5,800,106.50 | \$ | 143.37 | 37.014 | \$ | 477.61 | \$ | 5306.59 |
| PRESCRIPTION DRUGS | 12,014 | 25,040 | 5,777,314.19 | | 230.72 | 22.909 | | 480.88 | | 5285.74 |
| SNF/ICF | 509 | 1,793 | 284,178.80 | | 158.49 | 1.640 | | 558.31 | | 260.00 |
| OUTPATIENTS | 11,544 | 23,247 | 5,493,135.39 | | 236.29 | 21.269 | | 475.84 | | 5025.74 |
| MEDICAL SUPPLIES | 166 | 15,416 | 22,792.31 | | 1.48 | 14.104 | | 137.30 | | 20.85 |
| @DENTIST | 5,096 | 24,903 \$ | 796,194.06 | \$ | 31.97 | 22.784 | \$ | 156.24 | \$ | 728.45 |
| VISITS - DIAGNOSTIC | 3 , 658 | 16,767 | 199,597.21 | | 11.90 | 15.340 | | 54.56 | | 182.61 |
| ORAL SURGERY | 793 | 2,235 | 113,170.80 | | 50.64 | 2.045 | | 142.71 | | 103.54 |
| DRUGS | 31 | 46 | 670.00 | | 14.57 | .042 | | 21.61 | | .61 |
| ANESTHESIA | 33 | 34 | 3,000.00 | | 88.24 | .031 | | 90.91 | | 2.74 |
| PERIODONTICS | 292 | 303 | 32,625.70 | | 107.68 | .277 | | 111.73 | | 29.85 |
| ENDODONTICS | 187 | 260 | 57,621.50 | | 221.62 | .238 | | 308.14 | | 52.72 |
| RESTORATIVE DENTISTRY | 1,229 | 3,237 | 178,545.60 | | 55.16 | 2.962 | | 145.28 | | 163.35 |
| PROSTHETICS | 41 | 42 | 1,132.50 | | 26.96 | .038 | | 27.62 | | 1.04 |
| DENTURES, STAYPLATES | 538 | 1,803 | 202,488.75 | | 112.31 | 1.650 | | 376.37 | | 185.26 |
| SPACE MAINTAINERS | 3 | 4 | 462.00 | | 115.50 | .004 | | 154.00 | | .42 |
| MAXILLOFACIAL SERVICES | 5 | 7 | 400.00 | | 57.14 | .006 | | 80.00 | | .37 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 66 | 84 | 6,255.00 | | 74.46 | .077 | | 94.77 | | 5.72 |
| ALL OTHER SERVICES | 96 | 81 | 225.00 | | 2.78 | .074 | | 2.34 | | .21 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | S MONTH-OF-PAYMENT 1 | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 15,122 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | 03/14/05 |

MOP024 SOLANO COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

| COLINO COCNII | DOINGING OF DERIVIOUS FO | 10000 | 3 110010 | IIIIVOL DIGINDEED | | | | | | | |
|------------------------------|--------------------------|-----------|----------|--------------------|-----|------------|------------|----|-----------|----|----------|
| | | | | | | | | | HLY AVERA | GΕ | |
| 1,093 ELIGIBLES | USERS UNITS | OF SERVIC | CE | EXPENDITURES | AVE | ERAGE COST | UNITS/DAYS | 3 | COST PER | | COST PER |
| | OR DA | YS OF CAP | RE | | PEF | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 18 | 60 | \$ | 1,345.16 | \$ | 22.42 | .055 | \$ | 74.73 | \$ | 1.23 |
| DIAGNOSTIC AND ANC. PROCED | 11 | 12 | | 513.94 | | 42.83 | .011 | | 46.72 | | .47 |
| EYE APPLIANCES | 17 | 47 | | 762.32 | | 16.22 | .043 | | 44.84 | | .70 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | | 68.90 | | 68.90 | .001 | | 68.90 | | .06 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 5 | 8 | \$ | 93.55 | \$ | 11.69 | .007 | \$ | 18.71 | \$ | .09 |
| MEDICINE/INJECTIONS | 2 | 2 | | 81.20 | | 40.60 | .002 | | 40.60 | | .07 |
| SURGERY/ANES. | 1 | 1 | | 11.00 | | 11.00 | .001 | | 11.00 | | .01 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 3 | 5 | | 1.35 | | .27 | .005 | | .45 | | .00 |
| @HOME HEALTH AGENCY | 5 | 39 | \$ | 2,755.61 | \$ | 70.66 | .036 | \$ | 551.12 | \$ | 2.52 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | . 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 175 | 811 | \$ | 244,451.82 | \$ | 301.42 | .742 | \$ | 1396.87 | \$ | 223.65 |
| HOSP INPATIENT TOTAL | 23 | 130 | | 225,669.05 | | 1735.92 | .119 | | 9811.70 | | 206.47 |
| HSC HOSPITALS | 7 | 36 | | 51 , 267.00 | | 1424.08 | .033 | | 7323.86 | | 46.90 |
| NON-HSC HOSPITAL TOTAL | 15 | 94 | | 174,330.05 | | 1854.58 | .086 | | 11622.00 | | 159.50 |
| ACCOMMODATIONS | 15 | 94 | | 64,007.70 | | 680.93 | .086 | | 4267.18 | | 58.56 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 15 | 94 | | 64,007.70 | | 680.93 | .086 | | 4267.18 | | 58.56 |
| ANCILLARIES | 15 | 0 | | 110,322.35 | | .00 | .000 | | 7354.82 | | 100.94 |

| INPATIENT CROSSOVERS | 2 | 0 | 72.00 | .00 | .000 | 36.00 | .07 |
|--|--|--|---|---|---|--|---|
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 153 | 681 | 18,782.77 | 27.58 | .623 | 122.76 | 17.18 |
| MEDICAL | 24 | 31 | 1,615.87 | 52.12 | .028 | 67.33 | 1.48 |
| SURGERY | 15 | 17 | 361.40 | 21.26 | .016 | 24.09 | .33 |
| PATHOLOGY | 40 | 224 | 2,110.25 | 9.42 | .205 | 52.76 | 1.93 |
| RADIOLOGY | 39 | 45 | 5,459.65 | 121.33 | .041 | 139.99 | 5.00 |
| ROOM USE | 76 | 103 | 4,461.67 | 43.32 | .094 | 58.71 | 4.08 |
| CROSSOVERS/ALL OTH OUTPTNT | 95 | 261 | 4,773.93 | 18.29 | .239 | 50.25 | 4.37 |
| @COUNTY HOSPITAL TOTAL | 8 | 29 \$ | 13,580.97 | \$ 468.31 | | \$ 1697.62 | |
| CO HOSPITAL INPATIENT TOTAL | 1 | 12 | 13,200.00 | 1100.00 | .011 | 13200.00 | 12.43 |
| | 1 | 12 | | | .011 | 13200.00 | 12.08 |
| HSC HOSPITALS | 0 | 0 | 13,200.00 | 1100.00 | | | |
| NON-HSC HOSPITALS TOTAL | - | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 7 | 17 | 380.97 | 22.41 | .016 | 54.42 | .35 |
| MEDICAL | 1 | 1 | 46.06 | 46.06 | .001 | 46.06 | .04 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 7 | 96.86 | 13.84 | .006 | 32.29 | .09 |
| RADIOLOGY | 1 | 2 | 41.22 | 20.61 | .002 | 41.22 | .04 |
| ROOM USE | 4 | 5 | 184.94 | 36.99 | .005 | 46.24 | .17 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | 11.89 | 5.95 | .002 | 5.95 | .01 |
| | | ES AND EXPENDITURES | | | | | PAGE 15,123 |
| WOLLDEL DELL OF HELLETH DELLA | | | | | | | |
| MOP024 | | | | | | 200 200 1 | |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | 220 2001 | 03/14/05 |
| MOP024 SOLANO COUNTY | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| SOLANO COUNTY | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL ICES FOR PUBLIC ASS | ISTANCE - DISABLED | | MO | ONTHLY AVERA | 03/14/05 GE |
| | FEE-FOR-SERVICE | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE | | AVERAGE COST | MC UNITS/DAYS | ONTHLY AVERA | 03/14/05 GE COST PER |
| SOLANO COUNTY 1,093 ELIGIBLES | FEE-FOR-SERVICE SUMMARY OF SERV USERS | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE | ISTANCE - DISABLED EXPENDITURES | AVERAGE COST PER UNIT/DAY | MC UNITS/DAYS PER ELIG | ONTHLY AVERA S COST PER USER | 03/14/05 GE COST PER ELIGIBLE |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ | ISTANCE - DISABLED EXPENDITURES 230,870.85 | AVERAGE COST PER UNIT/DAY \$ 295.23 | MC UNITS/DAYS PER ELIG .715 | ONTHLY AVERA S COST PER USER \$ 1382.46 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 | ISTANCE - DISABLED EXPENDITURES 230,870.85 212,469.05 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 | MC UNITS/DAYS PER ELIG .715 .108 | ONTHLY AVERA S COST PER USER \$ 1382.46 9657.68 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 | EXPENDITURES 230,870.85 212,469.05 38,067.00 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 | MC UNITS/DAYS PER ELIG .715 .108 .022 | ONTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 | ONTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 94 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 | ONTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 94 0 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 | ONTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 94 0 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 | ONTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 94 0 0 0 94 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 0 15 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 94 0 0 94 0 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 64,007.70 110,322.35 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .086 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 94 0 0 94 0 0 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .086 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 0 15 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 94 0 0 94 0 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 64,007.70 110,322.35 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .086 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 |
| SOLANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 94 0 0 94 0 0 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .086 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 100.94 .07 |
| 30LANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 15 2 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 0 0 0 94 0 0 0 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 100.94 .07 |
| 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 2 0 146 23 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 0 0 0 0 0 664 30 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 1,569.81 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 .00 .00 .00 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .086 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 126.04 68.25 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 .00 58.56 100.94 .07 .00 16.84 1.44 |
| 30LANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 2 0 146 23 15 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 0 0 0 0 0 664 30 17 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 1,569.81 361.40 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 .00 .00 .27.71 52.33 21.26 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .086 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 126.04 68.25 24.09 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 .00 58.56 100.94 .07 .00 16.84 1.44 .33 |
| 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 2 0 146 23 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 0 0 0 0 0 664 30 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 1,569.81 361.40 2,013.39 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 .00 .27.71 52.33 21.26 9.28 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .086 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 126.04 68.25 24.09 54.42 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 100.94 .07 .00 16.84 1.44 .33 1.84 |
| 30LANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 2 0 146 23 15 37 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 0 0 0 0 0 664 30 17 217 43 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 1,569.81 361.40 2,013.39 5,418.43 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 .00 27.71 52.33 21.26 9.28 126.01 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .086 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 126.04 68.25 24.09 54.42 142.59 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 100.94 .07 .00 16.84 1.44 .33 1.84 4.96 |
| 30LANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 15 0 0 15 15 2 0 146 23 15 37 38 72 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 0 0 0 0 0 664 30 17 217 43 98 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 1,569.81 361.40 2,013.39 5,418.43 4,276.73 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 .00 27.71 52.33 21.26 9.28 126.01 43.64 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .086 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 126.04 68.25 24.09 54.42 142.59 59.40 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 100.94 .07 .00 16.84 1.44 .33 1.84 4.96 3.91 |
| 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 2 0 146 23 15 37 38 72 93 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 0 0 0 0 0 664 30 17 217 43 98 259 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 1,569.81 361.40 2,013.39 5,418.43 4,276.73 4,762.04 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 .00 27.71 52.33 21.26 9.28 126.01 43.64 18.39 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .086 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 126.04 68.25 24.09 54.42 142.59 59.40 51.20 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 100.94 .07 .00 16.84 1.44 .33 1.84 4.96 3.91 4.36 |
| 30LANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 15 0 0 15 15 2 0 146 23 15 37 38 72 93 13 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 0 0 0 0 0 664 30 17 217 43 98 259 489 \$ | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 1,569.81 361.40 2,013.39 5,418.43 4,276.73 4,762.04 251,746.22 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 .00 .27.71 52.33 21.26 9.28 126.01 43.64 18.39 \$ 514.82 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .000 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 126.04 68.25 24.09 54.42 142.59 59.40 \$ 19365.09 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 100.94 .07 .00 16.84 1.44 .33 1.84 4.96 3.91 4.36 \$ 230.33 |
| 30LANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 2 0 146 23 15 37 38 72 93 13 0 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 00 0 0 94 0 0 0 664 30 17 217 43 98 259 489 \$ 0 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 1,569.81 361.40 2,013.39 5,418.43 4,276.73 4,762.04 251,746.22 .00 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 .00 .27.71 52.33 21.26 9.28 126.01 43.64 18.39 \$ 514.82 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .000 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 126.04 68.25 24.09 54.42 142.59 59.40 \$ 19365.09 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 100.94 .07 .00 16.84 1.44 .33 1.84 4.96 3.91 4.36 \$ 230.33 .00 |
| 30LANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 2 0 146 23 15 37 38 72 93 13 0 13 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 94 0 0 0 0 0 94 0 0 0 664 30 17 217 43 98 259 489 \$ 0 489 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 1,569.81 361.40 2,013.39 5,418.43 4,276.73 4,762.04 251,746.22 .00 251,746.22 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 .00 27.71 52.33 21.26 9.28 126.01 43.64 18.39 \$ 514.82 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .000 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 126.04 68.25 24.09 54.42 142.59 59.40 51.20 \$ 19365.09 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 100.94 .07 .00 16.84 1.44 .33 1.84 4.96 3.91 4.36 \$ 230.33 .00 230.33 |
| 30LANO COUNTY 1,093 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | FEE-FOR-SERVICE SUMMARY OF SERV USERS 167 22 6 15 15 0 0 15 15 2 0 146 23 15 37 38 72 93 13 0 | /DENTAL ICES FOR PUBLIC ASS UNITS OF SERVICE OR DAYS OF CARE 782 \$ 118 24 94 94 00 0 0 94 0 0 0 664 30 17 217 43 98 259 489 \$ 0 | EXPENDITURES 230,870.85 212,469.05 38,067.00 174,330.05 64,007.70 .00 .00 64,007.70 110,322.35 72.00 .00 18,401.80 1,569.81 361.40 2,013.39 5,418.43 4,276.73 4,762.04 251,746.22 .00 | AVERAGE COST PER UNIT/DAY \$ 295.23 1800.59 1586.13 1854.58 680.93 .00 .00 680.93 .00 .00 .27.71 52.33 21.26 9.28 126.01 43.64 18.39 \$ 514.82 | MC UNITS/DAYS PER ELIG .715 .108 .022 .086 .086 .000 .000 .000 .000 .000 .000 | DNTHLY AVERA S COST PER USER \$ 1382.46 9657.68 6344.50 11622.00 4267.18 .00 .00 4267.18 7354.82 36.00 .00 126.04 68.25 24.09 54.42 142.59 59.40 \$ 19365.09 | 03/14/05 GE COST PER ELIGIBLE \$ 211.23 194.39 34.83 159.50 58.56 .00 .00 58.56 100.94 .07 .00 16.84 1.44 .33 1.84 4.96 3.91 4.36 \$ 230.33 .00 230.33 |

| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------------|-----------|-------|---------------------|--------|---------|-----------|-----|---------|----|------------|
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 19 | 730 | | 100,224.84 | | 137.29 | .668 | | 5274.99 | | 91.70 |
| @INTERMEDIATE CARE FACILDD | 2 | 153 | \$ | 12,972.61 | \$ | 84.79 | .140 | \$ | 6486.31 | \$ | 11.87 |
| ICF DDH | 2 | 153 | | 12,972.61 | | 84.79 | .140 | | 6486.31 | | 11.87 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 5 | 45 | \$ | 5,248.74 | \$ | 116.64 | .041 | \$ | 1049.75 | \$ | 4.80 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 5 | 45 | | 5,248.74 | | 116.64 | .041 | | 1049.75 | | 4.80 |
| @REHABILITATION FACILITY | 2 | 6 | \$ | 149.59 | \$ | 24.93 | .005 | \$ | 74.80 | \$ | .14 |
| HOSPITAL BASED | 1 | 1 | | 52.62 | | 52.62 | .001 | | 52.62 | | .05 |
| INDEPENDENT FACILITY | 1 | 5 | | 96.97 | | 19.39 | .005 | | 96.97 | | .09 |
| @LABORATORY FACILITY | 63 | 304 | \$ | 3,604.48 | \$ | 11.86 | .278 | \$ | 57.21 | \$ | 3.30 |
| PATHOLOGY | 62 | 294 | | 3,502.28 | | 11.91 | .269 | | 56.49 | | 3.20 |
| XO AND OTHERS | 1 | 10 | | 102.20 | | 10.22 | .009 | | 102.20 | | .09 |
| @ORGANIZED OUTPATIENT CLINIC | 1,469 | 2,215 | \$ | 159,073.65 | | 71.82 | 2.027 | \$ | 108.29 | \$ | 145.54 |
| CLINIC | 33 | 82 | | 2,197.47 | | 26.80 | .075 | | 66.59 | | 2.01 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 1 | 6 | | 91.01 | | 15.17 | .005 | | 91.01 | | .08 |
| RURAL HEALTH CLINIC | 1,437 | 2,127 | | 156,785.17 | | 73.71 | 1.946 | | 109.11 | | 143.44 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU | JRES | MONTH-OF-PAYMENT H | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P7 | AGE 15,124 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FO | R PUBLIC | C ASS | SISTANCE - DISABLEI |) | | | | | | |

| DOLIANO COUNTI | SOMMAN OF SEN | VICES FOR TODDIC ASSIR | JIANCE DISADEED | | | | |
|--------------------------------|----------------|------------------------|-------------------|--------------|--------|-------------|----------|
| | | | | | MON | NTHLY AVERA | GE |
| 1,093 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | _ | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 3 , 974 | 86,915 \$ | 924,973.54 | \$ 10.64 | 79.520 | | • |
| DURABLE MED. EQUIP. | 8 | 19 | 5 , 098.76 | 268.36 | .017 | 637.35 | 4.66 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 27 | 358 | 3,433.31 | 9.59 | .328 | 127.16 | 3.14 |
| AMBULANCES/AIR TRANS | 22 | 150 | 2,639.71 | 17.60 | .137 | 119.99 | 2.42 |
| OTHER TRANS | 5 | 208 | 793.60 | 3.82 | .190 | 158.72 | .73 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 24 | 254 | 17,683.76 | 69.62 | .232 | 736.82 | 16.18 |
| GENETIC DISEASE TESTING | 21 | 21 | 2,205.00 | 105.00 | .019 | 105.00 | 2.02 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 577 | 16,834 | 619,526.11 | 36.80 | 15.402 | 1073.70 | 566.81 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1,474 | 3,160 | 34,013.38 | 10.76 | 2.891 | 23.08 | 31.12 |
| PHYSICAL THERAPIST | 1 | 1 | 1.87 | 1.87 | .001 | 1.87 | .00 |
| PORTABLE X-RAY | 2 | 8 | 238.61 | 29.83 | .007 | 119.31 | .22 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 99.19 | 49.60 | .002 | 99.19 | .09 |
| HOSPICE SERVICES | 1 | 27 | 2,680.49 | 99.28 | .025 | 2680.49 | 2.45 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1,802 | 19,335 | 224,184.10 | 11.59 | 17.690 | 124.41 | 205.11 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| ALL OTHER PROVIDERS | 71 | 46,896 | 15,808.96 | .34 | 42.906 | 222.66 | 14.46 |
|-------------------------------|----|--------|-----------------|-------------|--------|-----------------|-------|
| @CALIF. CHILDREN SERVICES* | 37 | 808 | \$ 32,026.01 | \$ 39.64 | .739 | \$ 865.57 \$ | 29.30 |
| @XOVER EXCLUDING STATE HOSP** | 79 | 833 | \$ 10,506.70 | \$ 12.61 | .762 | \$ 133.00 \$ | 9.61 |

PAGE 15,125

03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR PUBLIC AS | SSIST | ANCE - FAMILIES | | | | | |
|----------------------------|-----------------|---------------------|-------|-----------------|--------------|------------|-------------|--------|------|
| | | | | | | MC | NTHLY AVERA | GE | |
| 1,488 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST | PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIG | IBLE |
| @TOTAL, ALL PROVIDERS | 15 , 921 | 63 , 967 \$ | \$ | 1,954,686.57 | \$ 30.56 | 42.989 | \$ 122.77 | \$ 131 | 3.63 |
| @PHYSICIANS SERVICES | 197 | 337 \$ | 5 | 14,334.27 | \$ 42.53 | .226 | \$ 72.76 | \$ | 9.63 |
| OUTPATIENT VISITS | 135 | 154 | | 6,183.87 | 40.16 | .103 | 45.81 | | 4.16 |
| OFFICE VISITS | 66 | 75 | | 2,565.08 | 34.20 | .050 | 38.86 | | 1.72 |
| HOME VISITS | 4 | 5 | | 201.17 | 40.23 | .003 | 50.29 | | .14 |
| EMERGENCY ROOM | 51 | 57 | | 2,919.06 | 51.21 | .038 | 57.24 | | 1.96 |
| PREVENTIVE CARE | 1 | 1 | | 65.78 | 65.78 | .001 | 65.78 | | .04 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 16 | 16 | | 432.78 | 27.05 | .011 | 27.05 | | .29 |
| INPATIENT VISITS | 1 | 5 | | 261.19 | 52.24 | .003 | 261.19 | | .18 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CRITICAL CARE | 1 | 5 | | 261.19 | 52.24 | .003 | 261.19 | | .18 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | | 18.58 | 18.58 | .001 | 18.58 | | .01 |
| EXAMINATIONS | 1 | 1 | | 18.58 | 18.58 | .001 | 18.58 | | .01 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 7 | 19 | | 2,584.23 | 136.01 | .013 | 369.18 | | 1.74 |
| PRINCIPAL SURGEON | 5 | 7 | | 2,267.42 | 323.92 | .005 | 453.48 | | 1.52 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 2 | 12 | | 316.81 | 26.40 | .008 | 158.41 | | .21 |

| OUTPATIENT SURGERY | 16 | 19 | | 1,360.36 | | 71.60 | .013 | | 85.02 | | .91 |
|----------------------------|--------------------|----------------|--------|-------------------|-------|-----------|-----------|------|-----------|----|------------|
| PRINCIPAL SURGEON | 16 | 18 | | 1,311.91 | | 72.88 | .012 | | 81.99 | | .88 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 1 | | 48.45 | | 48.45 | .001 | | 48.45 | | .03 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 12 | 30 | | 79.09 | | 2.64 | .020 | | 6.59 | | .05 |
| RADIOLOGY | 48 | 76 | | 2,329.31 | | 30.65 | .051 | | 48.53 | | 1.57 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 4 | 7 | | 51.91 | | 7.42 | .005 | | 12.98 | | .03 |
| OTHER SERVICES/ALL X-OVERS | 20 | 26 | | 1,465.73 | | 56.37 | .017 | | 73.29 | | .99 |
| @PHARMACY | 925 | 2,149 | \$ | 243,561.85 | \$ | 113.34 | 1.444 | \$ | 263.31 | \$ | 163.68 |
| PRESCRIPTION DRUGS | 912 | 1,681 | | 241,603.95 | | 143.73 | 1.130 | | 264.92 | | 162.37 |
| SNF/ICF | 0 | , 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 912 | 1,681 | | 241,603.95 | | 143.73 | 1.130 | | 264.92 | | 162.37 |
| MEDICAL SUPPLIES | 29 | 468 | | 1,957.90 | | 4.18 | .315 | | 67.51 | | 1.32 |
| @DENTIST | 8,068 | 42,269 | \$ | 1,053,222.13 | \$ | 24.92 | 28.407 | \$ | 130.54 | \$ | 707.81 |
| VISITS - DIAGNOSTIC | 6,365 | 31,260 | | 439,793.68 | | 14.07 | 21.008 | | 69.10 | | 295.56 |
| ORAL SURGERY | 980 | 1,857 | | 104,213.35 | | 56.12 | 1.248 | | 106.34 | | 70.04 |
| DRUGS | 284 | 323 | | 6,994.18 | | 21.65 | .217 | | 24.63 | | 4.70 |
| ANESTHESIA | 33 | 34 | | 3,400.00 | | 100.00 | .023 | | 103.03 | | 2.28 |
| PERIODONTICS | 116 | 118 | | 11,173.10 | | 94.69 | .079 | | 96.32 | | 7.51 |
| ENDODONTICS | 523 | 790 | | 99,676.22 | | 126.17 | .531 | | 190.59 | | 66.99 |
| RESTORATIVE DENTISTRY | 2,548 | 6 , 959 | | 328,437.35 | | 47.20 | 4.677 | | 128.90 | | 220.72 |
| PROSTHETICS | 8 | 8 | | 250.00 | | 31.25 | .005 | | 31.25 | | .17 |
| DENTURES, STAYPLATES | 69 | 342 | | 28,797.50 | | 84.20 | .230 | | 417.36 | | 19.35 |
| SPACE MAINTAINERS | 41 | 52 | | 5,403.00 | | 103.90 | .035 | | 131.78 | | 3.63 |
| MAXILLOFACIAL SERVICES | 7 | 7 | | 350.00 | | 50.00 | .005 | | 50.00 | | .24 |
| FRACTURES, DISLOCATIONS | 1 | 1 | | 700.00 | | 700.00 | .001 | | 700.00 | | .47 |
| ORTHODONTIC SERVICES | 303 | 359 | | 23,358.75 | | 65.07 | .241 | | 77.09 | | 15.70 |
| ALL OTHER SERVICES | 153 | 159 | | 675.00 | | 4.25 | .107 | | 4.41 | | .45 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITU | JRES M | ONTH-OF-PAYMENT R | EPOR: | r for jan | 2004 THRU | DEC | 2004 | P | AGE 15,126 |
| MOP024 | FEE-FOR-SERVICE/DE | NTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICE | S FOR PUBLIC | ASSI | STANCE - FAMILIES | | | | | | | |
| | | | | | | | M | IONT | HLY AVERA | GE | |

| | | | | | | [v] | OMI | .nli avera | GE | |
|------------------------------|-------|------------------|------------------|-----|------------|-----------|-----|------------|----|----------|
| 1,488 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AV: | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PE: | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 27 | 77 | \$ 1,795.36 | \$ | 23.32 | .052 | \$ | 66.49 | \$ | 1.21 |
| DIAGNOSTIC AND ANC. PROCED | 23 | 25 | 1,042.27 | | 41.69 | .017 | | 45.32 | | .70 |
| EYE APPLIANCES | 17 | 50 | 717.68 | | 14.35 | .034 | | 42.22 | | .48 |
| OTHER OPTOMETRIC SERVICES | 1 | 2 | 35.41 | | 17.71 | .001 | | 35.41 | | .02 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 1 | 1 | \$ 62.41 | \$ | 62.41 | .001 | \$ | 62.41 | \$ | .04 |
| MEDICINE/INJECTIONS | 1 | 1 | 62.41 | | 62.41 | .001 | | 62.41 | | .04 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 1CR | \$ 30.13CR | \$ | 30.13 | .001C | R\$ | .00 | \$ | .02CR |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 308 | 819 | \$ 235,732.71 | \$ | 287.83 | .550 | \$ | 765.37 | \$ | 158.42 |
| HOSP INPATIENT TOTAL | 3 | 111 | 214,556.82 | | 1932.94 | .075 | | 71518.94 | | 144.19 |
| HSC HOSPITALS | 1 | 1 | 1,890.00 | | 1890.00 | .001 | | 1890.00 | | 1.27 |
| | | | | | | | | | | |

| NON-HSC HOSPITAL TOTAL | 2 | 110 | | 212,666.82 | 1933.33 | .074 | 106333.41 | 142.92 |
|-----------------------------|-------------------------|-----------|-------------|-------------|---------------|-----------|-----------|-------------|
| ACCOMMODATIONS | 2 | 110 | | 50,859.48 | 462.36 | .074 | 25429.74 | 34.18 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 110 | | 50,859.48 | 462.36 | .074 | 25429.74 | 34.18 |
| ANCILLARIES | 2 | 0 | | 161,807.34 | .00 | .000 | 80903.67 | 108.74 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 305 | 708 | | 21,175.89 | 29.91 | .476 | 69.43 | 14.23 |
| MEDICAL | 36 | 41 | | 1,824.94 | 44.51 | .028 | 50.69 | 1.23 |
| SURGERY | 11 | 12 | | 155.16 | 12.93 | .008 | 14.11 | .10 |
| PATHOLOGY | 50 | 213 | | 2,925.86 | 13.74 | .143 | 58.52 | 1.97 |
| RADIOLOGY | 36 | 43 | | 2,132.48 | 49.59 | .029 | 59.24 | 1.43 |
| ROOM USE | 108 | 123 | | 4,444.68 | 36.14 | .083 | 41.15 | 2.99 |
| CROSSOVERS/ALL OTH OUTPTNT | 219 | 276 | | 9,692.77 | 35.12 | .185 | 44.26 | 6.51 |
| @COUNTY HOSPITAL TOTAL | 9 | 32 | \$ | 1,303.54 | \$ 40.74 | .022 | \$ 144.84 | \$.88 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 9 | 32 | | 1,303.54 | 40.74 | .022 | 144.84 | .88 |
| MEDICAL | 6 | 7 | | 289.61 | 41.37 | .005 | 48.27 | .19 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 9 | | 96.86 | 10.76 | .006 | 48.43 | .07 |
| RADIOLOGY | 3 | 4 | | 133.13 | 33.28 | .003 | 44.38 | .09 |
| ROOM USE | 7 | 8 | | 288.03 | 36.00 | .005 | 41.15 | .19 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 4 | | 495.91 | 123.98 | .003 | 165.30 | .33 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDITUE | RES MONTH-C | F-PAYMENT R | EPORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 15,127 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | PUBLIC | ASSISTANCE | - FAMILIES | | | | |

| | | | | | MO | NTHLY AVERA | GE |
|----------------------------|-------|------------------|--------------|--------------|------------|-------------|-----------|
| 1,488 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 299 | 787 \$ | 234,429.17 | \$ 297.88 | .529 | \$ 784.04 | \$ 157.55 |
| COMM HOSP INPATIENT TOTAL | 3 | 111 | 214,556.82 | 1932.94 | .075 | 71518.94 | 144.19 |
| HSC HOSPITALS | 1 | 1 | 1,890.00 | 1890.00 | .001 | 1890.00 | 1.27 |
| NON-HSC HOSPITALS TOTAL | 2 | 110 | 212,666.82 | 1933.33 | .074 | 106333.41 | 142.92 |
| ACCOMMODATIONS | 2 | 110 | 50,859.48 | 462.36 | .074 | 25429.74 | 34.18 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 110 | 50,859.48 | 462.36 | .074 | 25429.74 | 34.18 |
| ANCILLARIES | 2 | 0 | 161,807.34 | .00 | .000 | 80903.67 | 108.74 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 296 | 676 | 19,872.35 | 29.40 | .454 | 67.14 | 13.36 |
| MEDICAL | 30 | 34 | 1,535.33 | 45.16 | .023 | 51.18 | 1.03 |
| SURGERY | 11 | 12 | 155.16 | 12.93 | .008 | 14.11 | .10 |
| PATHOLOGY | 48 | 204 | 2,829.00 | 13.87 | .137 | 58.94 | 1.90 |
| RADIOLOGY | 33 | 39 | 1,999.35 | 51.27 | .026 | 60.59 | 1.34 |
| ROOM USE | 101 | 115 | 4,156.65 | 36.14 | .077 | 41.15 | 2.79 |
| | | | | | | | |

| CROSSOVERS/ALL OTH OUTPTNT | | 272 | | 9,196.86 | | 33.81 | .183 | | 42.58 | | 6.18 |
|--|--|---|----------|---|----------|--|---|----------|---|----------|---|
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | · | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | ŭ | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | | | | .00 | | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | | | .00 | .000 | | | | .00 |
| LEV B-REGULAR | • | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ś | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | ' | .00 | .000 | | .00 | ' | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 72 | 218 | \$ | 2,854.43 | \$ | 13.09 | .147 | Ċ | 39.64 | Ċ | 1.92 |
| | 72 | 218 | Y | | Ÿ | 13.09 | | Ÿ | 39.64 | Y | |
| PATHOLOGY | 72 | | | 2,854.43 | | | .147 | | | | 1.92 |
| XO AND OTHERS | 2 , 553 | 0 | <u> </u> | .00 | <u>^</u> | .00 | .000 | <u> </u> | .00 | <u> </u> | .00 |
| @ORGANIZED OUTPATIENT CLINIC | | 3,548 | \$ | 224,066.62 | \$ | | 2.384 | Ş | 87.77 | \$ | 150.58 |
| CLINIC | 27 | 252 | | 5,491.58 | | 21.79 | .169 | | 203.39 | | 3.69 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 2 , 528 | 3 , 296 | | 218,575.04 | | 66.32 | 2.215 | | 86.46 | | 146.89 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITU | RES 1 | MONTH-OF-PAYMENT RE | EPORT | ' FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 15,128 |
| MOP024 | FEE-FOR-SERVICE | :/DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR PUBLIC | ASS | ISTANCE - FAMILIES | | | | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE · | |
| 1,488 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVF | RAGE COST | UNITS/DAY | | | | COST PER |
| 1,100 221012220 | 00210 | OR DAYS OF CAR | | 2111 2112 11 01120 | | | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 4,687 | 14,550 | \$ | 179,086.92 | \$ | 12.31 | 9.778 | | 38.21 | | 120.35 |
| | 1 | 14,550 | Y | 123.75 | Ÿ | 123.75 | .001 | Ÿ | 123.75 | Y | .08 |
| DURABLE MED. EQUIP. | 0 | 0 | | | | | | | | | |
| BLOOD BANK | • | • | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 16 | 291 | | 4,663.52 | | 16.03 | .196 | | 291.47 | | 3.13 |
| AMBULANCES/AIR TRANS | 16 | 289 | | 2,853.64 | | 9.87 | .194 | | 178.35 | | 1.92 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | | | | | | | | | | | 1.22 |
| ACUPUNCTURE | 2 | 2 | | 1,809.88 | | 904.94 | .001 | | 904.94 | | |
| ADULT DAY HEALTH CARE CTR | 2 0 | 2 0 | | 1,809.88 .00 | | 904.94 | .001 | | .00 | | .00 |
| | | 2 | | | | | | | | | |
| GENETIC DISEASE TESTING | 0 | 2 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP | 0 0 70 | 2 0 0 71 | | .00 .00 7,455.00 | | .00 .00 105.00 | .000 .000 .048 | | .00 .00 106.50 | | .00 .00 5.01 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 0 70 12 | 2 0 0 71 52 | | .00 .00 7,455.00 5,713.40 | | .00 .00 105.00 109.87 | .000 .000 .048 .035 | | .00 .00 106.50 476.12 | | .00 .00 5.01 3.84 |
| IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | 0 0 70 12 0 | 2 0 0 71 52 0 | | .00 .00 7,455.00 5,713.40 | | .00 .00 105.00 109.87 | .000 .000 .048 .035 | | .00 .00 106.50 476.12 .00 | | .00 .00 5.01 3.84 .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN | 0 0 70 12 0 1,135 | 2 0 0 71 52 0 2,384 | | .00 .00 7,455.00 5,713.40 .00 20,679.89 | | .00 .00 105.00 109.87 .00 8.67 | .000 .000 .048 .035 .000 | | .00 .00 106.50 476.12 .00 18.22 | | .00 .00 5.01 3.84 .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST | 0 0 70 12 0 1,135 | 2 0 0 71 52 0 2,384 | | .00 .00 7,455.00 5,713.40 .00 20,679.89 | | .00 .00 105.00 109.87 .00 8.67 | .000 .000 .048 .035 .000 1.602 | | .00 .00 106.50 476.12 .00 18.22 | | .00 .00 5.01 3.84 .00 13.90 |
| IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY | 0 0 70 12 0 1,135 0 | 2 0 0 71 52 0 2,384 0 | | .00 .00 7,455.00 5,713.40 .00 20,679.89 .00 | | .00 .00 105.00 109.87 .00 8.67 .00 | .000 .000 .048 .035 .000 1.602 .000 | | .00 .00 106.50 476.12 .00 18.22 .00 | | .00 .00 5.01 3.84 .00 13.90 .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | 0 0 70 12 0 1,135 0 0 | 2 0 0 71 52 0 2,384 0 0 | | .00 .00 7,455.00 5,713.40 .00 20,679.89 .00 | | .00 .00 105.00 109.87 .00 8.67 .00 | .000 .000 .048 .035 .000 1.602 .000 .000 | | .00 .00 106.50 476.12 .00 18.22 .00 .00 | | .00 .00 5.01 3.84 .00 13.90 .00 .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS | 0 0 70 12 0 1,135 0 0 0 | 2 0 0 71 52 0 2,384 0 0 | | .00 .00 7,455.00 5,713.40 .00 20,679.89 .00 .00 | | .00 .00 105.00 109.87 .00 8.67 .00 .00 | .000 .000 .048 .035 .000 1.602 .000 .000 | | .00 .00 106.50 476.12 .00 18.22 .00 .00 | | .00 .00 5.01 3.84 .00 13.90 .00 .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS | 0 0 70 12 0 1,135 0 0 0 | 2 0 0 71 52 0 2,384 0 0 0 | | .00 .00 7,455.00 5,713.40 .00 20,679.89 .00 .00 .00 | | .00 .00 105.00 109.87 .00 8.67 .00 .00 | .000 .000 .048 .035 .000 1.602 .000 .000 .000 | | .00 .00 106.50 476.12 .00 18.22 .00 .00 .00 | | .00 .00 5.01 3.84 .00 13.90 .00 .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST | 0 0 70 12 0 1,135 0 0 0 0 | 2 0 0 71 52 0 2,384 0 0 0 0 | | .00 .00 7,455.00 5,713.40 .00 20,679.89 .00 .00 .00 | | .00 .00 105.00 109.87 .00 8.67 .00 .00 .00 | .000 .000 .048 .035 .000 1.602 .000 .000 .000 | | .00 .00 106.50 476.12 .00 18.22 .00 .00 .00 | | .00 .00 5.01 3.84 .00 13.90 .00 .00 .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS | 0 0 70 12 0 1,135 0 0 0 | 2 0 0 71 52 0 2,384 0 0 0 | | .00 .00 7,455.00 5,713.40 .00 20,679.89 .00 .00 .00 | | .00 .00 105.00 109.87 .00 8.67 .00 .00 | .000 .000 .048 .035 .000 1.602 .000 .000 .000 | | .00 .00 106.50 476.12 .00 18.22 .00 .00 .00 | | .00 .00 5.01 3.84 .00 13.90 .00 .00 |

| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|-------|--------|------------------|---------------|-------|------------|--------------|
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3,474 | 11,746 | 139,841.05 | 11.91 | 7.894 | 40.25 | 93.98 |
| EPSDT SUPPLEMENTAL SERVICE | 4 | 2 | 472.50 | 236.25 | .001 | 118.13 | .32 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 2 | 3 | 137.81 | 45.94 | .002 | 68.91 | .09 |
| @CALIF. CHILDREN SERVICES* | 27 | 202 | \$ 214,082.46 | \$ 1059.81 | .136 | \$ 7928.98 | \$ 143.87 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,129
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR PUBLIC | ASSI | STANCE - TOTAL | | 1/01 | | α π |
|---|------------------|------------------|------|------------------------------|----------------|--------------------|------------------|-------------|
| 0. 500 | | | _ | | | | | GE |
| 2,783 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| 0.000.00.00.00.00.00.00.00.00.00.00.00. | 41 006 | OR DAYS OF CAR | | 11 170 500 11 | PER UNIT/DAY | | USER | ELIGIBLE |
| | 41,086 | 258,543 | \$ | 11,172,529.11 | \$ 43.21 | 92.901 \$ | | \$ 4014.56 |
| @PHYSICIANS SERVICES | 461 | 1,082 | \$ | | \$ 37.52 | .389 \$ | | |
| OUTPATIENT VISITS | 230 | 271 | | 11,792.97 | 43.52 | .097 | | 4.24 |
| OFFICE VISITS | 110 | 122 | | 3,994.19 | 32.74 | .044 | 36.31 | 1.44 |
| HOME VISITS | 4 95 | 5 111 | | 201.17 | 40.23 | .002 | 50.29 | .07 |
| EMERGENCY ROOM | | | | 6,401.89 | 57.67 | .040 | 67.39 | 2.30 |
| PREVENTIVE CARE | 2 | 2 | | 115.68 | 57.84 | .001 | 57.84 | .04 |
| OB VISITS/COMPRE PERI | 2 25 | 4 27 | | 241.92 | 60.48 | .001 | 120.96 | .09 |
| OTHER OUTPATIENT | | | | 838.12 | 31.04 | .010 | 33.52 | .30 |
| INPATIENT VISITS | 23 18 | 74 | | 3,269.74 | 44.19 | .027 | 142.16 | 1.17 |
| HOSPITAL VISITS | | 60 | | 2,541.61 | 42.36 | .022 | 141.20 | .91 |
| CRITICAL CARE | 3 | 8 | | 463.63 | 57.95 | .003 | 154.54 | .17 |
| SNF/ICF/TRANS IP CARE | 4 | 6 | | 264.50 | 44.08 | .002 | 66.13 | .10 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | | 76.37 | 38.19 | .001 | 38.19 | .03 |
| EXAMINATIONS | 2 | 2 | | 76.37 | 38.19 | .001 | 38.19 | .03 |
| SERVICES AND MATERIALS | 0 1.3 | | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 13 | 56 | | 5,257.58 | 93.89 | .020 | 404.43 | 1.89 |
| PRINCIPAL SURGEON | 1 | 13 1 | | 4,026.90 | 309.76 | .005 | 575.27 | 1.45 |
| ASSISTANT SURGEON | 6 | - | | 93.25 | 93.25 | .000 | 93.25 | .03 |
| ANESTHESIOLOGIST | - | 42 | | 1,137.43 | 27.08 | .015 | 189.57 | .41 |
| OUTPATIENT SURGERY | 29 26 | 47 | | 3,760.04 | 80.00 | .017 | 129.66 | 1.35 |
| PRINCIPAL SURGEON | ∠ 6 0 | 31 | | 3,178.17 | 102.52 | .011 | 122.24 | 1.14 |
| ASSISTANT SURGEON | 4 | 16 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 14 | | 581.87 441.10 | 36.37 31.51 | .006 | 145.47 | .21 |
| DIALYSIS PATHOLOGY | 33 | 177 | | 830.31 | 4.69 | .005 .064 | 220.55 25.16 | .16 .30 |
| | 33 98 | 154 | | | | | | 2.48 |
| RADIOLOGY | 98 | 2 | | 6,888.44 60.54 | 44.73 30.27 | .055 | 70.29 30.27 | .02 |
| PSYCHIATRY | 8 | 12 | | | 158.70 | .001 | 238.05 | |
| IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS | 132 | 273 | | 1,904.43 6,315.97 | 23.14 | .004 | 47.85 | .68 2.27 |
| @PHARMACY | | | \$ | | \$ 129.90 | 17.013 | | |
| PRESCRIPTION DRUGS | 13,674 13,419 | 47,348 27,568 | Ą | 6,150,526.99 6,118,305.44 | 221.94 | 9.906 | 455.94 | 2198.46 |
| SNF/ICF | 13,419 554 | 1,902 | | 294,443.28 | 154.81 | .683 | 531.49 | 105.80 |
| OUTPATIENTS | 12,905 | 25,666 | | 5,823,862.16 | 226.91 | 9.222 | 451.29 | 2092.66 |
| | 317 | 19,780 | | | 1.63 | 7.107 | | 11.58 |
| MEDICAL SUPPLIES @DENTIST | 14,442 | 19,780 72,517 | \$ | 32,221.55 2,103,212.97 | | 7.107 26.057 \$ | 101.65 145.63 | |
| VISITS - DIAGNOSTIC | 10,832 | 51,427 | Ą | 677,599.07 | 13.18 | 18.479 | 62.56 | 243.48 |
| ORAL SURGERY | 10,832 | • | | 241,949.40 | 13.18 52.39 | 18.479 | 123.13 | 243.48 |
| OKAL SUKGEKI | 1,900 | 4,618 | | 241 , 949.40 | 5∠.39 | 1.009 | 143.13 | 00.94 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| DRUGS | 315 | 369 | 7,664.18 | 20.77 | .133 | 24.33 | 2.75 |
|----------------------------|-----------------|--------------------|-----------------------|----------------|--------------|------------|-------------|
| ANESTHESIA | 74 | 76 | 7,200.00 | 94.74 | .027 | 97.30 | 2.59 |
| PERIODONTICS | 454 | 467 | 47,849.80 | 102.46 | .168 | 105.40 | 17.19 |
| ENDODONTICS | 743 | 1,094 | 166,127.72 | 151.85 | .393 | 223.59 | 59.69 |
| RESTORATIVE DENTISTRY | 3,984 | 10,663 | 539,029.80 | 50.55 | 3.831 | 135.30 | 193.69 |
| PROSTHETICS | 63 | 65 | 1,896.00 | 29.17 | .023 | 30.10 | .68 |
| DENTURES, STAYPLATES | 958 | 2 , 959 | 376,068.25 | | 1.063 | 392.56 | 135.13 |
| SPACE MAINTAINERS | 44 | 56 | 5,865.00 | 104.73 | .020 | 133.30 | 2.11 |
| MAXILLOFACIAL SERVICES | 12 | 14 | 750.00 | 53.57 | .005 | 62.50 | .27 |
| FRACTURES, DISLOCATIONS | 1 | 1 | 700.00 | 700.00 | .000 | 700.00 | .25 |
| ORTHODONTIC SERVICES | 369 | 443 | 29,613.75 | 66.85 | .159 | 80.25 | 10.64 |
| ALL OTHER SERVICES | 278 | 265 | 900.00 | 3.40 | .095 | 3.24 | .32 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURE | ES MONTH-OF-PAYMENT R | REPORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,130 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR PUBLIC A | ASSISTANCE - TOTAL | | | | |
| | | | | | MON | THLY AVERA | GE |
| 2,783 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @OPTOMETRIST | 47 | 144 | \$ 3,281.44 | | .052 \$ | | • |
| DIAGNOSTIC AND ANC. PROCED | 35 | 38 | 1,601.21 | 42.14 | | | .58 |
| EYE APPLIANCES | 36 | 103 | 1,575.92 | 15.30 | | | .57 |
| OTHER OPTOMETRIC SERVICES | 2 | 3 | 104.31 | 34.77 | .001 | 52.16 | .04 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 9 | 12 | \$ 168.15 | \$ 14.01 | .004 \$ | 18.68 | \$.06 |
| MEDICINE/INJECTIONS | 3 | 3 | 143.61 | 47.87 | .001 | 47.87 | .05 |
| SURGERY/ANES. | 1 | 1 | 11.00 | 11.00 | .000 | 11.00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 6 | 8 | 13.54 | 1.69 | .003 | 2.26 | .00 |
| @HOME HEALTH AGENCY | 5 | 38 | \$ 2,725.48 | | .014 \$ | 545.10 | \$.98 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | \$.00 |

| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
|------------------------------|-----------------|-----------------|-------|---------------------|------|--------------|----------|----------------|-------------|
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | .00 |
| @TOTAL HOSPITAL | 494 | 1,667 | \$ | 496,713.85 | \$ | 297.97 | .599 | \$ 1005.49 | 178.48 |
| HOSP INPATIENT TOTAL | 29 | 252 | | 456,455.03 | · | 1811.33 | .091 | 15739.83 | 164.02 |
| HSC HOSPITALS | 9 | 38 | | 54,509.28 | | 1434.45 | .014 | 6056.59 | 19.59 |
| NON-HSC HOSPITAL TOTAL | 19 | 214 | | 405,341.75 | | 1894.12 | .077 | 21333.78 | 145.65 |
| ACCOMMODATIONS | 19 | 214 | | 122,883.91 | | 574.22 | .077 | 6467.57 | 44.16 |
| ADMINISTRATIVE DAYS | 1 | 6 | | 1,340.48 | | 223.41 | .002 | 1340.48 | .48 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 19 | 208 | | 121,543.43 | | 584.34 | .075 | 6397.02 | 43.67 |
| ANCILLARIES | 19 | 0 | | 282,457.84 | | .00 | .000 | 14866.20 | 101.49 |
| INPATIENT CROSSOVERS | 2 | 0 | | 3,396.00CF | 3 | .00 | .000 | 1698.00CR | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | - | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 466 | 1,415 | | 40,258.82 | | 28.45 | .508 | 86.39 | 14.47 |
| MEDICAL | 60 | 72 | | 3,440.81 | | 47.79 | .026 | 57.35 | 1.24 |
| SURGERY | 26 | 29 | | 516.56 | | 17.81 | .010 | 19.87 | .19 |
| PATHOLOGY | 92 | 445 | | 5,112.87 | | 11.49 | .160 | 55.57 | 1.84 |
| RADIOLOGY | 75 | 88 | | 7,592.13 | | 86.27 | .032 | 101.23 | 2.73 |
| ROOM USE | 184 | 226 | | 8,906.35 | | 39.41 | .081 | 48.40 | 3.20 |
| CROSSOVERS/ALL OTH OUTPTNT | 320 | 555 | | 14,690.10 | | 26.47 | .199 | 45.91 | 5.28 |
| @COUNTY HOSPITAL TOTAL | 17 | 61 | Ś | 14,884.51 | \$ | | .022 | | |
| CO HOSPITAL INPATIENT TOTAL | 1 | 12 | | 13,200.00 | · | 1100.00 | .004 | 13200.00 | 4.74 |
| HSC HOSPITALS | 1 | 12 | | 13,200.00 | | 1100.00 | .004 | 13200.00 | 4.74 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 16 | 49 | | 1,684.51 | | 34.38 | .018 | 105.28 | .61 |
| MEDICAL | 7 | 8 | | 335.67 | | 41.96 | .003 | 47.95 | .12 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 5 | 16 | | 193.72 | | 12.11 | .006 | 38.74 | .07 |
| RADIOLOGY | 4 | 6 | | 174.35 | | 29.06 | .002 | 43.59 | .06 |
| ROOM USE | 11 | 13 | | 472.97 | | 36.38 | .005 | 43.00 | .17 |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 6 | | 507.80 | | 84.63 | .002 | 101.56 | .18 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDIT | URES | MONTH-OF-PAYMENT RE | EPOR | | | DEC 2004 | PAGE 15,131 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR PUBLI | C ASS | ISTANCE - TOTAL | | | | | |
| | | | | | | _ | M | ONTHLY AVERAGI | Ξ |
| 2,783 ELIGIBLES | USERS | UNITS OF SERVI | CE | EXPENDITURES | AV | ERAGE COST U | NITS/DAY | S COST PER | COST PER |

2,783 ELIGIBLES PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 477 .577 \$ 1010.12 \$ 173.13 @COMMUNITY HOSPITAL TOTAL 1,606 \$ 481,829.34 \$ 300.02 COMM HOSP INPATIENT TOTAL 28 240 443,255.03 1846.90 .086 15830.54 8 26 41,309.28 1588.82 5163.66 14.84 HSC HOSPITALS .009 NON-HSC HOSPITALS TOTAL 19 214 405,341.75 1894.12 .077 21333.78 145.65 19 214 574.22 44.16 ACCOMMODATIONS 122,883.91 .077 6467.57 1 1,340.48 223.41 1340.48 ADMINISTRATIVE DAYS 6 .002 .48 .00 TRANSITIONAL IP CARE Ω 0 .00 .00 .000 .00 19 208 121,543.43 584.34 .075 6397.02 43.67 ALL OTHER ACCOM 19 0 282,457.84 .00 101.49 ANCILLARIES .000 14866.20 .00 2 0 3,396.00CR .000 1698.00CR 1.22CR INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00

| COMM HOSP OUTPATIENT TOTAL | 450 | 1,366 | | 38,574.31 | | 28.24 | .491 | | 85.72 | | 13.86 |
|------------------------------|---------------------|--------------|-------|---------------------|-------|---------|-----------|------|-----------|------|------------|
| MEDICAL | 53 | 64 | | 3,105.14 | | 48.52 | | | 58.59 | | 1.12 |
| SURGERY | 26 | 29 | | 516.56 | | 17.81 | .010 | | 19.87 | | .19 |
| PATHOLOGY | 87 | 429 | | 4,919.15 | | 11.47 | .154 | | 56.54 | | 1.77 |
| RADIOLOGY | 71 | 82 | | 7,417.78 | | 90.46 | .029 | | 104.48 | | 2.67 |
| ROOM USE | 173 | 213 | | 8,433.38 | | 39.59 | | | 48.75 | | 3.03 |
| CROSSOVERS/ALL OTH OUTPTNT | | 549 | | 14,182.30 | | 25.83 | | | 45.02 | | 5.10 |
| @STATE HOSPITAL | 13 | 489 | \$ | 251,746.22 | \$ | | .176 | Ś | 19365.09 | Ś | 90.46 |
| MENTALLY ILL | 0 | 0 | -1 | .00 | 4 | .00 | .000 | -1 | .00 | т. | .00 |
| DEVELOP. DISABLED | 13 | 489 | | 251,746.22 | | 514.82 | .176 | | 19365.09 | | 90.46 |
| @NURSING FACILITY | 30 | 1,128 | \$ | | Ś | 134.78 | .405 | | 5067.81 | Ś | 54.63 |
| LEV A-INTERMEDIATE | 0 | 0 | т. | .00 | 4 | .00 | .000 | т. | .00 | - | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 30 | 1,128 | | 152,034.43 | | 134.78 | | | 5067.81 | | 54.63 |
| @INTERMEDIATE CARE FACILDD | 2 | 153 | \$ | 12,972.61 | \$ | 84.79 | .055 | \$ | 6486.31 | \$ | 4.66 |
| ICF DDH | 2 | 153 | · | 12,972.61 | · | 84.79 | | | 6486.31 | • | 4.66 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 12 | 54 | \$ | 8,413.97 | \$ | 155.81 | .019 | \$ | | \$ | 3.02 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 12 | 54 | | 8,413.97 | | 155.81 | .019 | | 701.16 | | 3.02 |
| @REHABILITATION FACILITY | 2 | 6 | \$ | 149.59 | \$ | 24.93 | .002 | \$ | 74.80 | \$ | .05 |
| HOSPITAL BASED | 1 | 1 | | 52.62 | | 52.62 | .000 | | 52.62 | | .02 |
| INDEPENDENT FACILITY | 1 | 5 | | 96.97 | | 19.39 | .002 | | 96.97 | | .03 |
| @LABORATORY FACILITY | 135 | 522 | \$ | 6,458.91 | \$ | 12.37 | .188 | \$ | | \$ | 2.32 |
| PATHOLOGY | 134 | 512 | | 6,356.71 | | 12.42 | .184 | | 47.44 | | 2.28 |
| XO AND OTHERS | 1 | 10 | | 102.20 | | 10.22 | .004 | | 102.20 | | .04 |
| @ORGANIZED OUTPATIENT CLINIC | 4,292 | 6,507 | \$ | 414,053.91 | \$ | 63.63 | 2.338 | \$ | 96.47 | \$ | 148.78 |
| CLINIC | 79 | 720 | | 15,106.78 | | 20.98 | .259 | | 191.23 | | 5.43 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 1 | 6 | | 91.01 | | 15.17 | .002 | | 91.01 | | .03 |
| RURAL HEALTH CLINIC | 4,216 | 5,781 | | 398,856.12 | | 68.99 | 2.077 | | 94.61 | | 143.32 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITU | RES : | MONTH-OF-PAYMENT RE | EPORI | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 15,132 |
| MOP024 | FEE-FOR-SERVICE/DEN | TAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR PUBLIC | ASS | ISTANCE - TOTAL | | | | | | | |
| | | | | | | | M | TNOI | HLY AVERA | GE · | |
| | | | | | | | , | | | | |

| | | | | | . 11011 | TITEL TIVETUL | 02 |
|--------------------------------|--------|------------------|--------------|--------------|------------|---------------|-----------|
| 2,783 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 10,409 | 126,876 \$ | 1,529,473.10 | \$ 12.05 | 45.590 \$ | 146.94 | \$ 549.58 |
| DURABLE MED. EQUIP. | 9 | 20 | 5,222.51 | 261.13 | .007 | 580.28 | 1.88 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 45 | 1,177 | 9,142.93 | 7.77 | .423 | 203.18 | 3.29 |
| AMBULANCES/AIR TRANS | 38 | 439 | 5,493.35 | 12.51 | .158 | 144.56 | 1.97 |
| OTHER TRANS | 7 | 736 | 1,839.70 | 2.50 | .264 | 262.81 | .66 |
| OTHER SERVICES | 2 | 2 | 1,809.88 | 904.94 | .001 | 904.94 | .65 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 79 | 1,032 | 71,855.28 | 69.63 | .371 | 909.56 | 25.82 |
| GENETIC DISEASE TESTING | 91 | 92 | 9,660.00 | 105.00 | .033 | 106.15 | 3.47 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1,528 | 20,044 | 942,464.67 | 47.02 | 7.202 | 616.80 | 338.65 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 3,330 | 7,079 | 73,558.70 | 10.39 | 2.544 | 22.09 | 26.43 |
| PHYSICAL THERAPIST | 1 | 1 | 1.87 | 1.87 | .000 | 1.87 | .00 |

| PORTABLE X-RAY | 2 | 8 | 238.61 | 29.83 | .003 | | .19.31 | .09 |
|-------------------------------|----------------|--------|------------------|--------------|--------|-------|--------|-------------|
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 99.19 | 49.60 | .001 | | 99.19 | .04 |
| HOSPICE SERVICES | 1 | 27 | 2,680.49 | 99.28 | .010 | 2 | 80.49 | .96 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 5 , 323 | 38,339 | 390,161.21 | 10.18 | 13.776 | | 73.30 | 140.19 |
| EPSDT SUPPLEMENTAL SERVICE | 6 | 193 | 6,089.81 | 31.55 | .069 | 10 | 14.97 | 2.19 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER PROVIDERS | 96 | 58,862 | 18,297.83 | .31 | 21.151 | | 90.60 | 6.57 |
| @CALIF. CHILDREN SERVICES* | 65 | 1,012 | \$ 247,069.16 | \$ 244.14 | .364 | \$ 38 | 301.06 | \$ 88.78 |
| @XOVER EXCLUDING STATE HOSP** | 118 | 953 | \$ 12,704.87 | \$ 13.33 | .342 | \$ | .07.67 | \$ 4.57 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,133 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

| | | | | | MON | THLY AVERAG | GE |
|----------------------------|-------|------------------|--------------|--------------|------------|-------------|------------|
| 80 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 1,868 | 10,534 \$ | 359,399.08 | \$ 34.12 | 131.675 | 192.40 | \$ 4492.49 |
| @PHYSICIANS SERVICES | 26 | 59 \$ | 1,449.28 | \$ 24.56 | .738 | \$ 55.74 | \$ 18.12 |
| OUTPATIENT VISITS | 17 | 22 | 769.70 | 34.99 | .275 | 45.28 | 9.62 |
| OFFICE VISITS | 16 | 21 | 725.10 | 34.53 | .263 | 45.32 | 9.06 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 44.60 | 44.60 | .013 | 44.60 | .56 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 1 | 13.70 | 13.70 | .013 | 13.70 | .17 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 1 | 1 | 13.70 | 13.70 | .013 | 13.70 | .17 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 114.15 | 38.05 | .038 | 38.05 | 1.43 |
| EXAMINATIONS | 3 | 3 | 114.15 | 38.05 | .038 | 38.05 | 1.43 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 1 | 2 | 204.95 | 102.48 | .025 | 204.95 | 2.56 |
| PRINCIPAL SURGEON | 1 | 2 | 204.95 | 102.48 | .025 | 204.95 | 2.56 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 3 | 4 | 100.79 | 25.20 | .050 | 33.60 | 1.26 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 10 | 27 | 245.99 | 9.11 | .338 | 24.60 | 3.07 |
| @PHARMACY | 279 | 3,127 \$ | 52,047.13 | \$ 16.64 | 39.088 | 186.55 | \$ 650.59 |
| PRESCRIPTION DRUGS | 241 | 497 | 49,574.76 | 99.75 | 6.213 | 205.70 | 619.68 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF OUTPATIENTS | 23 219 | 107 390 | | 7,687.02 41,887.74 | | 71.84 | 1.338 4.875 | 334.23 191.2 | | 96.09 523.60 | |
|----------------------------|-------------------------|------------|--------|-----------------------|-------|----------|----------------|-----------------|---|-----------------|--|
| MEDICAL SUPPLIES | 40 | 2,630 | | 2,472.37 | | .94 | 32.875 | 61.8 | | 30.90 | |
| @DENTIST | 793 | 3,369 | \$ | 163,183.10 | \$ | 48.44 | 42.113 | | | | |
| VISITS - DIAGNOSTIC | 502 | 2,084 | | 25,373.30 | · | 12.18 | 26.050 | 50.5 | 1 | 317.17 | |
| ORAL SURGERY | 146 | 497 | | 25 , 170.90 | | 50.65 | 6.213 | 172.4 |) | 314.64 | |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 | |
| ANESTHESIA | 3 | 3 | | 200.00 | | 66.67 | .038 | 66.6 | 7 | 2.50 | |
| PERIODONTICS | 43 | 48 | | 4,022.75 | | 83.81 | .600 | 93.5 | 5 | 50.28 | |
| ENDODONTICS | 17 | 24 | | 4,467.00 | | 186.13 | .300 | 262.7 | 5 | 55.84 | |
| RESTORATIVE DENTISTRY | 122 | 257 | | 17,000.65 | | 66.15 | 3.213 | 139.3 | 5 | 212.51 | |
| PROSTHETICS | 7 | 8 | | 338.50 | | 42.31 | .100 | 48.3 | 5 | 4.23 | |
| DENTURES, STAYPLATES | 182 | 440 | | 86,610.00 | | 196.84 | 5.500 | 475.8 | 3 | 1082.63 | |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 | |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 | |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 | |
| ALL OTHER SERVICES | 14 | 8 | | .00 | | .00 | .100 | .0 |) | .00 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | EXPENDITU | JRES M | ONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | DEC 2004 | | PAGE 15,134 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 03/14/05 | |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | R MN - N | NO SOC | - AGED AID | CODE | 14 1H 1U | J 1X | | | | |

----- MONTHLY AVERAGE -----80 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 3 \$ 53.11 \$ 17.70 .038 \$ 53.11 \$.66 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .000 53.11 17.70 53.11 EYE APPLIANCES .038 .66 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 \$ @CHIROPRACTOR .00 .000 \$.00 \$.00 .00 VISITS 0 .000 .00 .00 .00 OTHER SERVICES .000 .00 .00 .00 \$ @PODIATRIST .00 \$.00 .000 \$.00 .000 MEDICINE/INJECTIONS .00 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 .00 .00 .00 RADIO./PATHOLOGY .000 OTHER 0 .00 .00 .000 .00 .00 0 .00 .000 \$.00 \$.00 @HOME HEALTH AGENCY .00 \$ 0 .00 \$.00 .000 \$.00 \$ NURSE ANESTHESIST .00 .00 \$.000 \$.00 \$.00 NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 \$.000 \$.00 \$ 0 .00 .00 \$.000 \$.00 \$ FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL 16 1,510.22 \$ 94.39 .200 \$ 215.75 \$ 18.88 HOSP INPATIENT TOTAL Ο 876.00 .00 .000 876.00 10.95 .00 .00 HSC HOSPITALS .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .000 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 .00 ANCILLARIES .00 .000 .00 876.00 876.00 INPATIENT CROSSOVERS .00 .000 10.95 .00 0 .00 .000 .00 ALL OTHER INPATIENT .00 634.22 105.70 39.64 .200 HOSP OUTPATIENT TOTAL MEDICAL 0 .00 .00 0 .000 .00 .00 .00 SURGERY 0 0 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00

| RADIOLOGY | 3 | 4 | 155.55 | 38.89 | .050 | 51.85 | 1.94 |
|-----------------------------|---------------------|---------------------|-------------------|---------------|--------------|------------|-------------|
| ROOM USE | 3 | 3 | 116.75 | 38.92 | .038 | 38.92 | 1.46 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 9 | 361.92 | 40.21 | .113 | 120.64 | 4.52 |
| @COUNTY HOSPITAL TOTAL | 1 | 1 \$ | 214.23 | \$ 214.23 | .013 \$ | 214.23 | \$ 2.68 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 1 | 214.23 | 214.23 | .013 | 214.23 | 2.68 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 214.23 | 214.23 | .013 | 214.23 | 2.68 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITURES MON | ITH-OF-PAYMENT RI | EPORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,135 |
| MOP024 | FEE-FOR-SERVICE/DEN | TAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR MN - NO SOC - | - AGED AID | CODE 14 1H 1U | 1X | | |
| | | | | | MON | THLY AVERA | GE |
| 80 ELIGIBLES | | TS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | OR | DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 6 | 15 \$ | 1,295.99 | \$ 86.40 | .188 \$ | | • |
| COMM HOSP INPATIENT TOTAL | 1 | 0 | 876.00 | .00 | .000 | 876.00 | 10.95 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-----------------|-----------------|---------|-------------------|-------|-----------|-----------|-----|-----------|----|------------|
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 10.95 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 5 | 15 | | 419.99 | | 28.00 | .188 | | 84.00 | | 5.25 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 3 | 4 | | 155.55 | | 38.89 | .050 | | 51.85 | | 1.94 |
| ROOM USE | 3 | 3 | | 116.75 | | 38.92 | .038 | | 38.92 | | 1.46 |
| CROSSOVERS/ALL OTH OUTPINT | 2 | 8 | | 147.69 | | 18.46 | .100 | | 73.85 | | 1.85 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 6 | 134 | \$ | 21,729.72 | \$ | 162.16 | 1.675 | \$ | 3621.62 | \$ | 271.62 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 6 | 134 | | 21,729.72 | | 162.16 | 1.675 | | 3621.62 | | 271.62 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 2 | 16 | \$ | 177.55 | \$ | 11.10 | .200 | \$ | 88.78 | \$ | 2.22 |
| PATHOLOGY | 2 | 16 | | 177.55 | | 11.10 | .200 | | 88.78 | | 2.22 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 269 | 546 | \$ | 26,891.96 | \$ | 49.25 | 6.825 | \$ | 99.97 | \$ | 336.15 |
| CLINIC | 12 | 180 | | 3,461.40 | | 19.23 | 2.250 | | 288.45 | | 43.27 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 257 | 366 | | 23,430.56 | | 64.02 | 4.575 | | 91.17 | | 292.88 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDIT | URES MO | ONTH-OF-PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | P. | AGE 15,136 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MN - | NO SOC | - AGED AID | CODE | 14 1H 1U | 1X | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE | |
| 80 ELIGIBLES | USERS | UNITS OF SERVI | CE | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | (| COST PER |
| | | OR DAYS OF CA | RE | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 597 | 3,264 | \$ | 92,357.01 | \$ | 28.30 | | \$ | 154.70 | \$ | 1154.46 |
| DURABLE MED. EQUIP. | 1 | 28 | | 125.24 | | 4.47 | .350 | | 125.24 | | 1.57 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 1 | 4 | | 37.90 | | 9.48 | .050 | | 37.90 | | .47 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 1 | 4 | | 37.90 | | 9.48 | .050 | | 37.90 | | .47 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| 15 | 185 | | 12 , 893.18 | | 69.69 | 2.313 | | 859.55 | | 161.16 |
|-----|-------|---------------------------------------|---------------------------------------|--|--|---|---|---|--|--|
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 221 | 665 | | 69,413.80 | | 104.38 | 8.313 | | 314.09 | | 867.67 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 362 | 783 | | 9,645.93 | | 12.32 | 9.788 | | 26.65 | | 120.57 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 2 | 7 | | 72.80 | | 10.40 | .088 | | 36.40 | | .91 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 3 | 1,592 | | 168.16 | | .11 | 19.900 | | 56.05 | | 2.10 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 9 | 25 | \$ | 4,819.70 | \$ | 192.79 | .313 | \$ | 535.52 | \$ | 60.25 |
| | 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 .00 221 665 69,413.80 0 0 .00 362 783 9,645.93 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 <td>0 0 .00 221 665 69,413.80 0 0 .00 362 783 9,645.93 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 <t< td=""><td>0 0 .00 .00 221 665 69,413.80 104.38 0 0 .00 .00 362 783 9,645.93 12.32 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00</td><td>0 0 .00 .00 .000 221 665 69,413.80 104.38 8.313 0 0 .00 .00 .000 362 783 9,645.93 12.32 9.788 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000</td><td>0 0 .00 .00 .000 221 665 69,413.80 104.38 8.313 0 0 .00 .00 .000 362 783 9,645.93 12.32 9.788 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000</td><td>0 0 .00 .00 .00 .00 221 665 69,413.80 104.38 8.313 314.09 0 0 .00 .00 .00 .00 362 783 9,645.93 12.32 9.788 26.65 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00</td><td>0 0 .00 .00 .00 .00 221 665 69,413.80 104.38 8.313 314.09 0 0 .00 .00 .000 .00 362 783 9,645.93 12.32 9.788 26.65 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00</td></t<></td> | 0 0 .00 221 665 69,413.80 0 0 .00 362 783 9,645.93 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 <t< td=""><td>0 0 .00 .00 221 665 69,413.80 104.38 0 0 .00 .00 362 783 9,645.93 12.32 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00</td><td>0 0 .00 .00 .000 221 665 69,413.80 104.38 8.313 0 0 .00 .00 .000 362 783 9,645.93 12.32 9.788 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000</td><td>0 0 .00 .00 .000 221 665 69,413.80 104.38 8.313 0 0 .00 .00 .000 362 783 9,645.93 12.32 9.788 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000</td><td>0 0 .00 .00 .00 .00 221 665 69,413.80 104.38 8.313 314.09 0 0 .00 .00 .00 .00 362 783 9,645.93 12.32 9.788 26.65 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00</td><td>0 0 .00 .00 .00 .00 221 665 69,413.80 104.38 8.313 314.09 0 0 .00 .00 .000 .00 362 783 9,645.93 12.32 9.788 26.65 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00</td></t<> | 0 0 .00 .00 221 665 69,413.80 104.38 0 0 .00 .00 362 783 9,645.93 12.32 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 | 0 0 .00 .00 .000 221 665 69,413.80 104.38 8.313 0 0 .00 .00 .000 362 783 9,645.93 12.32 9.788 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 | 0 0 .00 .00 .000 221 665 69,413.80 104.38 8.313 0 0 .00 .00 .000 362 783 9,645.93 12.32 9.788 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 | 0 0 .00 .00 .00 .00 221 665 69,413.80 104.38 8.313 314.09 0 0 .00 .00 .00 .00 362 783 9,645.93 12.32 9.788 26.65 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 | 0 0 .00 .00 .00 .00 221 665 69,413.80 104.38 8.313 314.09 0 0 .00 .00 .000 .00 362 783 9,645.93 12.32 9.788 26.65 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,137
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

| | | | | | MON | THLY AVERA | GE |
|----------------------------|-------|------------------|--------------|--------------|----------|------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 10 | 14 \$ | 776.24 | \$ 55.45 | .000 \$ | 77.62 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|-----------------------|---|------------|-------------|-------|---------|-----------|-------|--------|-----|----------|
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 3 | 5 | \$ | 255.00 | \$ | 51.00 | .000 | \$ | 85.00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 2 | 2 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY | 1 | 3 | | 255.00 | | 85.00 | .000 | | 255.00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | S MONTH-OF | -PAYMENT RE | EPORT | FOR JAN | 2004 THRU | DEC : | 2004 | PAC | E 15,138 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | | 03/14/05 |

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

| 5021110 0001111 | DOIMMING OF DERO | VIOLO 1010 1110 110 | DELIND | | TIED CODE | 2 1 | | | | |
|------------------------------|------------------|---------------------|--------------|-----|------------|------------|-----|-----------|----|----------|
| | | | | | | MC | TNC | HLY AVERA | GΕ | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 3 | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | . 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | |

SOLANO COUNTY

| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|--|---|---|--------------------|--|--|---|---|---|
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | | \$ | .00 | \$.00 | .000 | | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | Υ | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | | | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | | | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | | .00 |
| ANCILLARIES | U | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | U | U | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | U | U | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | C AND EVDENDIBLE | 'C MONTHLOF-I | DAVMENT DE | PORT FOR JAN | 2004 THRII D | EC 2004 | PAGE 15,139 |
| | | | 12 HOMIN OF 1 | LATHUM IND | 101(1 101(0111) | 2001 IIII(0 D. | 10 2001 | |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | 10 2001 | 03/14/05 |
| | FEE-FOR-SERVICE/ | | | | AID CODE | 24 | | 03/14/05 |
| MOP024 SOLANO COUNTY | FEE-FOR-SERVICE/ SUMMARY OF SERVI | DENTAL CES FOR MN - NO | SOC - BLIND | | AID CODE | 24 MOI | NTHLY AVERA | 03/14/05 GE |
| MOP024 | FEE-FOR-SERVICE/ SUMMARY OF SERVI | DENTAL CES FOR MN - NO UNITS OF SERVICE | SOC - BLIND | | AID CODE | 24 MOI UNITS/DAYS | NTHLY AVERA COST PER | 03/14/05 GE COST PER |
| MOP024 SOLANO COUNTY 00 ELIGIBLES | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE | SOC - BLIND EXPER | NDITURES | AID CODE AVERAGE COST PER UNIT/DAY | 24 MOI UNITS/DAYS PER ELIG | NTHLY AVERA COST PER USER | 03/14/05 GE COST PER ELIGIBLE |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND | NDITURES | AID CODE AVERAGE COST PER UNIT/DAY \$.00 | 24 MOI UNITS/DAYS PER ELIG .000 | NTHLY AVERA COST PER USER \$.00 | 03/14/05 GE COST PER ELIGIBLE \$.00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE | SOC - BLIND EXPER | NDITURES .00 .00 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 | NTHLY AVERA COST PER USER \$.00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 | NTHLY AVERA COST PER USER \$.00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 | NTHLY AVERA COST PER USER \$.00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 . |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY | FEE-FOR-SERVICE/SUMMARY OF SERVI | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | FEE-FOR-SERVICE/SUMMARY OF SERVI | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | FEE-FOR-SERVICE/SUMMARY OF SERVI | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | FEE-FOR-SERVICE/SUMMARY OF SERVI | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O | SOC - BLIND EXPEN | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MOV UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O | SOC - BLIND EXPER | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SOC - BLIND EXPEN | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SOC - BLIND EXPENS | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY | FEE-FOR-SERVICE/SUMMARY OF SERVI | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SOC - BLIND EXPEN | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DENTAL CES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SOC - BLIND EXPENS | NDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |

| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------|-----------------|-------|------------------|-------|-----------|-----------|-----|-----------|----|------------|
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 7 | 9 | \$ | 521.24 | \$ | 57.92 | .000 | \$ | 74.46 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 7 | 9 | | 521.24 | | 57.92 | .000 | | 74.46 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | | ES MC | NTH-OF-PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | P | AGE 15,140 |
| MOP024 | FEE-FOR-SERVICE/DE | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICE | ES FOR MN - NC | SOC | - BLIND | | AID CODE | | | | | |
| | | | | | | | | | HLY AVERA | | |
| 00 ELIGIBLES | | NITS OF SERVICE | | EXPENDITURES | | | UNITS/DAY | | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | Ş | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|---|------|--------|-----|---------|--------|-----|
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| 00 | | | | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 #CALIF DEPT OF HEALTH SERV PAGE 15,141 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----126 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,093 @TOTAL, ALL PROVIDERS 16,309 Ś 1,253,243.14 \$ 76.84 129.437 \$ 598.78 \$ 9946.37 55 209 42.33 1.659 \$ 160.87 \$ 70.22 @PHYSICIANS SERVICES 8,847.89 \$ OUTPATIENT VISITS 9 536.57 53.66 .079 59.62 10 4.26 5 OFFICE VISITS 6 171.00 28.50 .048 34.20 1.36 0 0 .00 .00 .000 .00 HOME VISITS .00 2.90 EMERGENCY ROOM 365.57 91.39 .032 73.11 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 INPATIENT VISITS 37 1,246.55 33.69 .294 178.08 9.89 1,124.95 31.25 .286 160.71 HOSPITAL VISITS 121.60 CRITICAL CARE 1 121.60 .008 121.60 .97 SNF/ICF/TRANS IP CARE Ω .00 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS 0 .00 .00 .000 .00 .00 .00 0 .00 SERVICES AND MATERIALS .00 .000 .00 16 91.79 .127 INPATIENT HOSPITAL SURGERY 1,468.66 367.17 11.66 PRINCIPAL SURGEON 4 1,170.37 292.59 .032 1170.37 9.29 15.00 15.00 ASSISTANT SURGEON 1 15.00 .008 .12 ANESTHESIOLOGIST 283.29 25.75 .087 141.65 2.25

| OUTPATIENT SURGERY | 3 | 4 | | 368.95 | | 92.24 | .032 | 122.98 | | 2.93 | |
|----------------------------|--------------------|--------------------|-------|--------------------|------|------------|-------------|-------------|-----|-------------|--|
| PRINCIPAL SURGEON | 3 | 4 | | 368.95 | | 92.24 | .032 | 122.98 | | 2.93 | |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| PATHOLOGY | 11 | 31 | | 782.61 | | 25.25 | .246 | 71.15 | | 6.21 | |
| RADIOLOGY | 9 | 45 | | 2,551.23 | | 56.69 | .357 | 283.47 | | 20.25 | |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| IMMUNIZATION AND INJECTION | 1 | 1 | | 5.45 | | 5.45 | .008 | 5.45 | | .04 | |
| OTHER SERVICES/ALL X-OVERS | 37 | 65 | | 1,887.87 | | 29.04 | .516 | 51.02 | | 14.98 | |
| @PHARMACY | 1,090 | 3,840 | \$ | 702,800.38 | \$ | 183.02 | 30.476 | \$ 644.77 | \$ | 5577.78 | |
| PRESCRIPTION DRUGS | 1,060 | 2,509 | | 700,503.78 | | 279.20 | 19.913 | 660.85 | | 5559.55 | |
| SNF/ICF | 53 | 238 | | 27,089.05 | | 113.82 | 1.889 | 511.11 | | 214.99 | |
| OUTPATIENTS | 1,012 | 2,271 | | 673,414.73 | | 296.53 | 18.024 | 665.43 | | 5344.56 | |
| MEDICAL SUPPLIES | 34 573 | 1,331 | | 2,296.60 | | 1.73 | 10.563 | 67.55 | | 18.23 | |
| @DENTIST | 573 | 2,786 | \$ | 101,899.75 | \$ | 36.58 | 22.111 | \$ 177.84 | \$ | 808.73 | |
| VISITS - DIAGNOSTIC | 401 | 1,749 | | 20,448.70 | | 11.69 | 13.881 | 50.99 | | 162.29 | |
| ORAL SURGERY | 99 | 373 | | 16,706.25 | | 44.79 | 2.960 | 168.75 | | 132.59 | |
| DRUGS | 99 0 6 37 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ANESTHESIA | 6 | 6 | | 500.00 | | 83.33 | .048 | 83.33 | | 3.97 | |
| PERIODONTICS | 37 | 39 | | 3,829.00 | | 98.18 | .310 | 103.49 | | 30.39 | |
| ENDODONTICS | 21 | 33 | | 7,661.00 | | 232.15 | .262 | 364.81 | | 60.80 | |
| RESTORATIVE DENTISTRY | 136 | 333 | | 19,653.80 | | 59.02 | 2.643 | 144.51 | | 155.98 | |
| PROSTHETICS | 10 | 11 | | 270.00 | | 24.55 | .087 | 27.00 | | 2.14 | |
| DENTURES, STAYPLATES | 10 79 | 235 | | 32,831.00 | | 139.71 | 1.865 | 415.58 | | 260.56 | |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER SERVICES | 7 | 7 | | .00 | | .00 | .056 | .00 | | .00 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITUR | RES N | MONTH-OF-PAYMENT R | EPOR | T FOR JAN | 2004 THRU I | DEC 2004 | E | PAGE 15,142 | |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | 03/14/05 | |
| SOLANO COUNTY | SUMMARY OF SERV | /ICES FOR MN - NO |) SOC | C - DISABLED 64 | 6G 6 | H 6U 6V 6X | 8G | | | | |
| | | | | | | | MO | ONTHLY AVER | AGE | | |
| 126 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AV | ERAGE COST | UNITS/DAYS | S COST PER | | COST PER | |
| | | OR DAYS OF CARE | 3 | | | | PER ELIG | | | ELIGIBLE | |
| @OPTOMETRIST | 5 | 15 | \$ | 317.94 | \$ | | | | | 2.52 | |
| DIAGNOSTIC AND ANC. PROCED | 3 | 3 | | 142.35 | | 47.45 | .024 | 47.45 | | 1.13 | |
| EVE ADDITANCES | 5 | 12 | | 175 59 | | 14 63 | 095 | 35 12 | | 1 30 | |

| 126 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | COST PER |
|------------------------------|-------|------------------|------------------|----|------------|-----------|----|----------|---------------|
| | | OR DAYS OF CARE | | PΕ | R UNIT/DAY | PER ELIG | | USER | ELIGIBLE |
| @OPTOMETRIST | 5 | 15 | \$ 317.94 | \$ | 21.20 | .119 | \$ | 63.59 | \$ 2.52 |
| DIAGNOSTIC AND ANC. PROCED | 3 | 3 | 142.35 | | 47.45 | .024 | | 47.45 | 1.13 |
| EYE APPLIANCES | 5 | 12 | 175.59 | | 14.63 | .095 | | 35.12 | 1.39 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| @PODIATRIST | 3 | 21 | \$ 94.61 | \$ | 4.51 | .167 | \$ | 31.54 | \$.75 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| OTHER | 3 | 21 | 94.61 | | 4.51 | .167 | | 31.54 | .75 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 25 | 192 | \$ 315,797.46 | \$ | 1644.78 | 1.524 | \$ | 12631.90 | \$ 2506.33 |
| HOSP INPATIENT TOTAL | 10 | 91 | 313,867.60 | | 3449.09 | .722 | | 31386.76 | 2491.01 |
| HSC HOSPITALS | 1 | 3 | 3,225.00 | | 1075.00 | .024 | | 3225.00 | 25.60 |

| NON-HSC HOSPITAL TOTAL | 8 | 88 | | 308,926.60 | 3510.53 | .698 | 38615.83 | | 2451.80 |
|-----------------------------|------------------------|-----------|-------|---------------------|--------------|-------------|---------------|-----|------------|
| ACCOMMODATIONS | 8 | 88 | | 58,753.51 | 667.65 | .698 | 7344.19 | | 466.30 |
| ADMINISTRATIVE DAYS | 1 | 11 | | 2,544.30 | 231.30 | .087 | 2544.30 | | 20.19 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 7 | 77 | | 56,209.21 | 729.99 | .611 | 8029.89 | | 446.10 |
| ANCILLARIES | 8 | 0 | | 250,173.09 | .00 | .000 | 31271.64 | | 1985.50 |
| INPATIENT CROSSOVERS | 1 | 0 | | 1,716.00 | .00 | .000 | 1716.00 | | 13.62 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 15 | 101 | | 1,929.86 | 19.11 | .802 | 128.66 | | 15.32 |
| MEDICAL | 1 | 1 | | 25.31 | 25.31 | .008 | 25.31 | | .20 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 5 | 25 | | 266.14 | 10.65 | .198 | 53.23 | | 2.11 |
| RADIOLOGY | 2 | 4 | | 475.31 | 118.83 | .032 | 237.66 | | 3.77 |
| ROOM USE | 3 | 3 | | 121.65 | 40.55 | .024 | 40.55 | | .97 |
| CROSSOVERS/ALL OTH OUTPINT | 9 | 68 | | 1,041.45 | 15.32 | .540 | 115.72 | | 8.27 |
| @COUNTY HOSPITAL TOTAL | 2 | 11 | \$ | 3,318.80 | \$ 301.71 | .087 | \$ 1659.40 | \$ | 26.34 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 3 | | 3,225.00 | 1075.00 | .024 | 3225.00 | | 25.60 |
| HSC HOSPITALS | 1 | 3 | | 3,225.00 | 1075.00 | .024 | 3225.00 | | 25.60 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 8 | | 93.80 | 11.73 | .063 | 93.80 | | .74 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 1 | 8 | | 93.80 | 11.73 | .063 | 93.80 | | .74 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU | RES M | IONTH-OF-PAYMENT RI | EPORT FOR JA | N 2004 THRU | DEC 2004 | P. | AGE 15,143 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | J | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FO | OR MN - N | 0 500 | C - DISABLED 64 | 6G 6H 6U 6V | 6X 8G | | | |
| | | | | | | 1 | MONTHLY AVERA | GE. | |

| | | | | | MON | ITHLY AVERA | GE |
|----------------------------|-------|------------------|--------------|--------------|------------|-------------|------------|
| 126 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 23 | 181 \$ | 312,478.66 | \$ 1726.40 | 1.437 \$ | 13586.03 | \$ 2479.99 |
| COMM HOSP INPATIENT TOTAL | 9 | 88 | 310,642.60 | 3530.03 | .698 | 34515.84 | 2465.42 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 8 | 88 | 308,926.60 | 3510.53 | .698 | 38615.83 | 2451.80 |
| ACCOMMODATIONS | 8 | 88 | 58,753.51 | 667.65 | .698 | 7344.19 | 466.30 |
| ADMINISTRATIVE DAYS | 1 | 11 | 2,544.30 | 231.30 | .087 | 2544.30 | 20.19 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 7 | 77 | 56,209.21 | 729.99 | .611 | 8029.89 | 446.10 |
| ANCILLARIES | 8 | 0 | 250,173.09 | .00 | .000 | 31271.64 | 1985.50 |
| INPATIENT CROSSOVERS | 1 | 0 | 1,716.00 | .00 | .000 | 1716.00 | 13.62 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 14 | 93 | 1,836.06 | 19.74 | .738 | 131.15 | 14.57 |
| MEDICAL | 1 | 1 | 25.31 | 25.31 | .008 | 25.31 | .20 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 4 | 17 | 172.34 | 10.14 | .135 | 43.09 | 1.37 |
| RADIOLOGY | 2 | 4 | 475.31 | 118.83 | .032 | 237.66 | 3.77 |
| ROOM USE | 3 | 3 | 121.65 | 40.55 | .024 | 40.55 | .97 |
| | | | | | | | |

| CROSSOVERS/ALL OTH OUTPINT | 9 | 68 | | 1,041.45 | | 15.32 | .540 | | 115.72 | | 8.27 |
|------------------------------|------------------|------------------|-------|-----------------|--------|------------|-----------|-----|-----------|----|------------|
| @STATE HOSPITAL | 0 | 0 | \$ | 456.61 | \$ | .00 | .000 | \$ | .00 | \$ | 3.62 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | 456.61 | | .00 | .000 | | .00 | | 3.62 |
| @NURSING FACILITY | 3 | 60 | \$ | 7,527.00 | \$ | 125.45 | .476 | \$ | 2509.00 | \$ | 59.74 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 3 | 60 | | 7,527.00 | | 125.45 | .476 | | 2509.00 | | 59.74 |
| @INTERMEDIATE CARE FACILDD | 2 | 30 | Ś | 5,623.62 | | 187.45 | .238 | Ś | 2811.81 | Ś | 44.63 |
| ICF DDH | 0 | 0 | 7 | .00 | | .00 | .000 | 7 | .00 | т. | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 2 | 30 | | 5,623.62 | | 187.45 | .238 | | 2811.81 | | 44.63 |
| @HEMODIALYSIS TOTAL | 12 | 29 | \$ | 6,627.35 | | 228.53 | .230 | \$ | 552.28 | \$ | 52.60 |
| HOSPITAL BASED | 0 | 0 | | .00 | · | .00 | .000 | | .00 | · | .00 |
| HEMODIALYSIS CENTER | 12 | 29 | | 6,627.35 | | 228.53 | .230 | | 552.28 | | 52.60 |
| @REHABILITATION FACILITY | 1 | 7 | \$ | 163.18 | | 23.31 | .056 | \$ | 163.18 | \$ | 1.30 |
| HOSPITAL BASED | 0 | 0 | | .00 | · | .00 | .000 | | .00 | · | .00 |
| INDEPENDENT FACILITY | 1 | 7 | | 163.18 | | 23.31 | .056 | | 163.18 | | 1.30 |
| @LABORATORY FACILITY | 2 | 9 | \$ | 201.00 | \$ | 22.33 | .071 | \$ | 100.50 | \$ | 1.60 |
| PATHOLOGY | 2 | 9 | | 201.00 | | 22.33 | .071 | | 100.50 | | 1.60 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 100 | 149 | \$ | 12,518.13 | \$ | 84.01 | 1.183 | \$ | 125.18 | \$ | 99.35 |
| CLINIC | 1 | 1 | | 40.12 | | 40.12 | .008 | | 40.12 | | .32 |
| SURGICENTER | 1 | 4 | | 410.12 | | 102.53 | .032 | | 410.12 | | 3.25 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 98 | 144 | | 12,067.89 | | 83.80 | 1.143 | | 123.14 | | 95.78 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITU | RES M | ONTH-OF-PAYMENT | REPOR' | I FOR JAN | 2004 THRU | DEC | 2004 | Р | AGE 15,144 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MN - N | o soc | - DISABLED 64 | 6G 61 | H 6U 6V 6X | : 8G | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE | |
| 126 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PE | R UNIT/DAY | PER ELIG | ; | USER | | ELIGIBLE |
| GALL OTHER PROVIDERS | 120 | 9 962 | Ċ | 90 368 22 | Ċ | 10 08 | 71 127 | Ċ | 215 16 | Ċ | 717 21 |

| | | | | | MON | NTHLY AVERAG | E |
|--------------------------------|-------|-------------------|--------------|--------------|------------|--------------|-----------|
| 126 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 420 | 8 , 962 \$ | 90,368.22 | \$ 10.08 | 71.127 | \$ 215.16 | \$ 717.21 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 3 | 14 | 437.68 | 31.26 | .111 | 145.89 | 3.47 |
| AMBULANCES/AIR TRANS | 3 | 14 | 437.68 | 31.26 | .111 | 145.89 | 3.47 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 2 | 2 | 210.00 | 105.00 | .016 | 105.00 | 1.67 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 46 | 205 | 16,000.75 | 78.05 | 1.627 | 347.84 | 126.99 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 169 | 363 | 4,004.28 | 11.03 | 2.881 | 23.69 | 31.78 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|------------------------------------|----------------|---------------|---------|-----------|-------------|--------|--------------|-------------|
| NONINST BIRTHING CENTERS | Ō | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 187 | 6,429 | | 67,973.34 | 10.57 | 51.024 | 363.49 | 539.47 |
| EPSDT SUPPLEMENTAL SERVICE | 3 | 47 | | 1,257.27 | 26.75 | .373 | 419.09 | 9.98 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 10 | 1,902 | | 484.90 | .25 | 15.095 | 48.49 | 3.85 |
| @CALIF. CHILDREN SERVICES* | 5 | 30 | \$ | 371.39 | \$ 12.38 | .238 | \$ 74.28 | \$ 2.95 |
| @XOVER EXCLUDING STATE HOSP** | 42 | 206 | \$ | 11,888.88 | \$ 57.71 | 1.635 | \$ 283.07 | \$ 94.36 |
| A+ MOMAIC IN MURCE ITHEC ADE CIVEN | 7 C 7 CED7D701 | E TNEODMARTON | THEM ON | TT 37 - | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,145 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

| | | | | | MOI | NTHLY AVERA | GE |
|---------------------------|--------|------------------|--------------------|--------------|------------|-------------|-----------|
| 43,791 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 28,277 | 121,544 | \$ 6,229,737.11 | \$ 51.25 | 2.776 | 220.31 | \$ 142.26 |
| @PHYSICIANS SERVICES | 2,619 | 8,306 | \$ 427,166.36 | \$ 51.43 | .190 | 163.10 | \$ 9.75 |
| OUTPATIENT VISITS | 1,232 | 2,041 | 117,966.56 | 57.80 | .047 | 95.75 | 2.69 |
| OFFICE VISITS | 122 | 140 | 10,077.34 | 71.98 | .003 | 82.60 | .23 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 546 | 597 | 37 , 619.09 | 63.01 | .014 | 68.90 | .86 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 587 | 1,299 | 70,143.32 | 54.00 | .030 | 119.49 | 1.60 |
| OTHER OUTPATIENT | 5 | 5 | 126.81 | 25.36 | .000 | 25.36 | .00 |
| INPATIENT VISITS | 329 | 789 | 44,208.13 | 56.03 | .018 | 134.37 | 1.01 |
| HOSPITAL VISITS | 317 | 666 | 29,693.55 | 44.58 | .015 | 93.67 | .68 |
| CRITICAL CARE | 15 | 123 | 14,514.58 | 118.00 | .003 | 967.64 | .33 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 46.44 | 46.44 | .000 | 46.44 | .00 |

| EXAMINATIONS | 1 | 1 | | 46.44 | 46. | 44 .000 | | 46.44 | | .00 |
|----------------------------|---------------------|-------------|-------|---------------------|------------|---------------|-----|---------|----|------------|
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 405 | 1,653 | | 186,057.60 | 112. | 56 .038 | | 459.40 | | 4.25 |
| PRINCIPAL SURGEON | 246 | 246 | | 147,494.88 | 599. | 57 .006 | | 599.57 | | 3.37 |
| ASSISTANT SURGEON | 40 | 39 | | 6,811.54 | 174. | 65 .001 | | 170.29 | | .16 |
| ANESTHESIOLOGIST | 149 | 1,368 | | 31,751.18 | 23. | 21 .031 | | 213.10 | | .73 |
| OUTPATIENT SURGERY | 162 | 333 | | 19,839.20 | 59. | 58 .008 | | 122.46 | | .45 |
| PRINCIPAL SURGEON | 150 | 192 | | 17,289.13 | 90. | 05 .004 | | 115.26 | | .39 |
| ASSISTANT SURGEON | 2 | 2 | | 130.70 | 65. | | | 65.35 | | .00 |
| ANESTHESIOLOGIST | 16 | 139 | | 2,419.37 | 17. | 41 .003 | | 151.21 | | .06 |
| DIALYSIS | 3 | 3 | | 506.68 | 168. | 89 .000 | | 168.89 | | .01 |
| PATHOLOGY | 364 | 2,129 | | 6,672.89 | 3. | 13 .049 | | 18.33 | | .15 |
| RADIOLOGY | 740 | 1,120 | | 43,106.66 | 38. | 49 .026 | | 58.25 | | .98 |
| PSYCHIATRY | 1 | 1 | | 23.22 | 23. | | | 23.22 | | .00 |
| IMMUNIZATION AND INJECTION | 12 | 23 | | 618.86 | 26. | 91 .001 | | 51.57 | | .01 |
| OTHER SERVICES/ALL X-OVERS | 191 | 213 | | 8,120.12 | 38. | 12 .005 | | 42.51 | | .19 |
| @PHARMACY | 2,548 | 5,020 | \$ | 338,022.98 | \$ 67. | | \$ | 132.66 | \$ | 7.72 |
| PRESCRIPTION DRUGS | 2,464 | 4,255 | | 318,356.04 | 74. | 82 .097 | | 129.20 | | 7.27 |
| SNF/ICF | 2 | 2 | | 130.28 | 65. | 14 .000 | | 65.14 | | .00 |
| OUTPATIENTS | 2,462 | 4,253 | | 318,225.76 | 74. | 82 .097 | | 129.25 | | 7.27 |
| MEDICAL SUPPLIES | 175 | 765 | | 19,666.94 | 25. | 71 .017 | | 112.38 | | .45 |
| @DENTIST | 11,879 | 60,736 | \$ | 1,595,585.34 | \$ 26. | 27 1.387 | \$ | 134.32 | \$ | 36.44 |
| VISITS - DIAGNOSTIC | 9,121 | 43,283 | | 595,502.85 | 13. | 76 .988 | | 65.29 | | 13.60 |
| ORAL SURGERY | 1,542 | 3,172 | | 167,903.44 | 52. | 93 .072 | | 108.89 | | 3.83 |
| DRUGS | 352 | 403 | | 9,008.75 | 22. | 35 .009 | | 25.59 | | .21 |
| ANESTHESIA | 43 | 43 | | 4,100.00 | 95. | 35 .001 | | 95.35 | | .09 |
| PERIODONTICS | 320 | 328 | | 31,942.10 | 97. | 38 .007 | | 99.82 | | .73 |
| ENDODONTICS | 760 | 1,162 | | 168,556.85 | 145. | 06 .027 | | 221.79 | | 3.85 |
| RESTORATIVE DENTISTRY | 3 , 925 | 10,694 | | 505,543.75 | 47. | 27 .244 | | 128.80 | | 11.54 |
| PROSTHETICS | 48 | 51 | | 1,469.50 | 28. | 81 .001 | | 30.61 | | .03 |
| DENTURES, STAYPLATES | 182 | 721 | | 71,814.85 | 99. | .016 | | 394.59 | | 1.64 |
| SPACE MAINTAINERS | 75 | 102 | | 10,265.00 | 100. | .002 | | 136.87 | | .23 |
| MAXILLOFACIAL SERVICES | 12 | 12 | | 460.00 | 38. | 33 .000 | | 38.33 | | .01 |
| FRACTURES, DISLOCATIONS | 1 | 2 | | 1,800.00 | 900. | .000 | | 1800.00 | | .04 |
| ORTHODONTIC SERVICES | 332 | 437 | | 26,543.25 | 60. | 74 .010 | | 79.95 | | .61 |
| ALL OTHER SERVICES | 204 | 326 | | 675.00 | 2. | 07 .007 | | 3.31 | | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | | RES M | IONTH-OF-PAYMENT RE | EPORT FOR | JAN 2004 THRU | DEC | 2004 | P | AGE 15,146 |
| MOP024 | FEE-FOR-SERVICE/DEN | ITAL | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR MN-NOSC | C-FA | M 34 39 3N 3T 3V 5 | 54 59 5J 5 | W-5Y 6J 7J 7K | | | ~- | |

| | | | | | | M | ON: | CHLY AVERA | GE. | |
|----------------------------|-------|------------------|----------------|-----|-----------|-----------|-----|------------|-----|----------|
| 43,791 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 4 | 13 | \$ 318.35 | \$ | 24.49 | .000 | \$ | 79.59 | \$ | .01 |
| DIAGNOSTIC AND ANC. PROCED | 4 | 4 | 189.80 | | 47.45 | .000 | | 47.45 | | .00 |
| EYE APPLIANCES | 2 | 9 | 128.55 | | 14.28 | .000 | | 64.28 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 3 | 5 | \$ 83.60 | \$ | 16.72 | .000 | \$ | 27.87 | \$ | .00 |
| VISITS | 3 | 5 | 83.60 | | 16.72 | .000 | | 27.87 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 3 | 6 | \$ 314.97 | \$ | 52.50 | .000 | \$ | 104.99 | \$ | .01 |
| NURSE ANESTHESIST | 35 | 362 | \$ 7,796.64 | \$ | 21.54 | .008 | \$ | 222.76 | \$ | .18 |

| NURSE MIDWIFE | 5 | 50 | \$ | 1,372.93 | \$ | 27.46 | .001 | \$ | 274.59 | \$ | .03 |
|-----------------------------------|---|------------|--------|--------------------|------|------------|-----------|-----|---------|----|-----------------------|
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 2,960 | 15,532 | \$ | 3,044,263.34 | \$ | 196.00 | .355 | \$ | 1028.47 | \$ | 69.52 |
| HOSP INPATIENT TOTAL | 398 | 1,497 | | 2,670,815.62 | | 1784.11 | .034 | | 6710.59 | | 60.99 |
| HSC HOSPITALS | 20 | 58 | | 83,827.13 | | 1445.30 | .001 | | 4191.36 | | 1.91 |
| NON-HSC HOSPITAL TOTAL | 379 | 1,439 | | 2,586,988.49 | | 1797.77 | .033 | | 6825.83 | | 59.08 |
| ACCOMMODATIONS | 377 | 1,439 | | 961,193.95 | | 667.96 | .033 | | 2549.59 | | 21.95 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 377 | 1,439 | | 961,193.95 | | 667.96 | .033 | | 2549.59 | | 21.95 |
| ANCILLARIES | 379 | 0 | | 1,625,794.54 | | .00 | .000 | | 4289.70 | | 37.13 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2,783 | 14,035 | | 373,447.72 | | 26.61 | .320 | | 134.19 | | 8.53 |
| MEDICAL | 212 | 274 | | 8,392.64 | | 30.63 | .006 | | 39.59 | | .19 |
| SURGERY | 118 | 149 | | 4,547.42 | | 30.52 | .003 | | 38.54 | | .10 |
| PATHOLOGY | 816 | 2,951 | | 29,199.74 | | 9.89 | .067 | | 35.78 | | .67 |
| RADIOLOGY | 642 | 836 | | 54,487.28 | | 65.18 | .019 | | 84.87 | | 1.24 |
| ROOM USE | 1,619 | 2,391 | | 86,148.80 | | 36.03 | .055 | | 53.21 | | 1.97 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,986 | 7,434 | | 190,671.84 | | 25.65 | .170 | | 96.01 | | 4.35 |
| @COUNTY HOSPITAL TOTAL | 18 | 93 | \$ | 5,280.94 | \$ | 56.78 | .002 | \$ | 293.39 | \$ | .12 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 2 | | 2,700.01 | | 1350.01 | .000 | | 2700.01 | | .06 |
| HSC HOSPITALS | 1 | 2 | | 2,700.01 | | 1350.01 | .000 | | 2700.01 | | .06 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 17 | 91 | | 2,580.93 | | 28.36 | .002 | | 151.82 | | .06 |
| MEDICAL | 2 | 2 | | 47.40 | | 23.70 | .000 | | 23.70 | | .00 |
| SURGERY | 3 | 5 | | 275.01 | | 55.00 | .000 | | 91.67 | | .01 |
| PATHOLOGY | 9 | 48 | | 679.75 | | 14.16 | .001 | | 75.53 | | .02 |
| RADIOLOGY | 3 | 5 | | 249.92 | | 49.98 | .000 | | 83.31 | | .01 |
| ROOM USE | 9 | 14 | | 671.57 | | 47.97 | .000 | | 74.62 | | .02 |
| CROSSOVERS/ALL OTH OUTPTNT | 8 | 17 | | 657.28 | | 38.66 | .000 | | 82.16 | | .02 |
| #CALIF DEPT OF HEALTH SERV MOP024 | MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA | | JRES M | MONTH-OF-PAYMENT R | EPOR | RT FOR JAN | 2004 THRU | DEC | 2004 | PA | GE 15,147 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR MN-NOS | SOC-FA | AM 34 39 3N 3T 3V | 54 5 | 9 5J 5W-5Y | 6J 7J 7K | | | | |

----- MONTHLY AVERAGE -----43,791 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,945 @COMMUNITY HOSPITAL TOTAL 15,439 \$ 3,038,982.40 \$ 196.84 .353 \$ 1031.91 \$ 69.40 COMM HOSP INPATIENT TOTAL 397 1,495 2,668,115.61 1784.69 .034 6720.69 56 4269.85 HSC HOSPITALS 19 81,127.12 1448.70 .001 1.85 NON-HSC HOSPITALS TOTAL 379 1,439 2,586,988.49 1797.77 .033 6825.83 59.08 377 667.96 2549.59 ACCOMMODATIONS 1,439 961,193.95 .033 21.95 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 .00 .000 961,193.95 377 1,439 667.96 .033 2549.59 21.95 ALL OTHER ACCOM 379 .00 4289.70 37.13 ANCILLARIES 0 1,625,794.54 .000 .00 0 .00 .00 INPATIENT CROSSOVERS 0 .00 .000 ALL OTHER INPATIENT .00 .000 .00 .00

| COMM HOSP OUTPATIENT TOTAL | 2,768 | 13,944 | | 370,866.79 | | 26.60 | .318 | | 133.98 | | 8.47 |
|------------------------------|---------------------|--------|--------|--------------------|-------|------------|----------|-----|---------|----|-----------|
| MEDICAL | 210 | 272 | | 8,345.24 | | 30.68 | .006 | | 39.74 | | .19 |
| SURGERY | 115 | 144 | | 4,272.41 | | 29.67 | .003 | | 37.15 | | .10 |
| PATHOLOGY | 808 | 2,903 | | 28,519.99 | | 9.82 | .066 | | 35.30 | | .65 |
| RADIOLOGY | 639 | 831 | | 54 , 237.36 | | 65.27 | .019 | | 84.88 | | 1.24 |
| ROOM USE | 1,611 | 2,377 | | 85 , 477.23 | | 35.96 | .054 | | 53.06 | | 1.95 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,980 | 7,417 | | 190,014.56 | | 25.62 | .169 | | 95.97 | | 4.34 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 4 | 171 | \$ | 5,522.61 | \$ | 32.30 | .004 | \$ | 1380.65 | \$ | .13 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 4 | 171 | | 5,522.61 | | 32.30 | .004 | | 1380.65 | | .13 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 1,442 | 3,696 | \$ | 57,470.04 | \$ | 15.55 | .084 | \$ | 39.85 | \$ | 1.31 |
| PATHOLOGY | 1,442 | 3,696 | | 57,470.04 | | 15.55 | .084 | | 39.85 | | 1.31 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 5 , 375 | 11,689 | \$ | 523,557.04 | \$ | 44.79 | .267 | \$ | 97.41 | \$ | 11.96 |
| CLINIC | 821 | 5,448 | | 125,708.93 | | 23.07 | .124 | | 153.12 | | 2.87 |
| SURGICENTER | 1 | 1 | | 21.66 | | 21.66 | .000 | | 21.66 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 4,555 | 6,240 | | 397,826.45 | | 63.75 | .142 | | 87.34 | | 9.08 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | | JRES M | | EPORT | FOR JAN 20 | 004 THRU | DEC | 2004 | PA | GE 15,148 |
| MOP024 | FEE-FOR-SERVICE/DEN | ITAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | | | | | | | | | | | |

----- MONTHLY AVERAGE -----USERS 43,791 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 5,675 15,958 228,262.91 \$ 14.30 40.22 \$ @ALL OTHER PROVIDERS .364 \$ 5.21 1 99.99 99.99 DURABLE MED. EQUIP. 1 99.99 .000 .00 .00 .00 .00 .00 BLOOD BANK .000 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 94 14,268.51 151.79 MEDICAL TRANSPORTATION 739 19.31 .017 .33 AMBULANCES/AIR TRANS 93 738 12,468.51 16.90 .017 134.07 .00 0 0 .00 .00 OTHER TRANS .00 .000 OTHER SERVICES 1 1 1,800.00 1800.00 .000 1800.00 .04 0 .00 .00 ACUPUNCTURE .00 .00 .000 9 163 11,341.54 69.58 1260.17 .26 ADULT DAY HEALTH CARE CTR .004 GENETIC DISEASE TESTING 365 367 38,487.00 104.87 .008 105.44 .88 .00 .00 .00 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .000 OPTICIAN 1,730 3,659 32,653.10 8.92 .084 18.87 .75 PHYSICAL THERAPIST .00 .00 .000 .00 .00

| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|-------|--------|-----------------|--------------|------|--------------|-----------|
| PROSTHETIST/ORTHOTISTS | 9 | 11 | 1,222.30 | 111.12 | .000 | 135.81 | .03 |
| PROSTHETICS | 9 | 11 | 1,222.30 | 111.12 | .000 | 135.81 | .03 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 3 | 141.95 | 47.32 | .000 | 141.95 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3,494 | 11,015 | 130,048.52 | 11.81 | .252 | 37.22 | 2.97 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 37 | 181 | \$ 30,342.51 | \$ 167.64 | .004 | \$ 820.07 | \$.69 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,149
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

----- MONTHLY AVERAGE -----43,997 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @TOTAL, ALL PROVIDERS 32,248 148,401 7,843,155.57 52.85 3.373 \$ 243.21 \$ 178.27 2,700 162.02 \$ @PHYSICIANS SERVICES 8,574 437,463.53 51.02 .195 \$ 1,258 2,073 119,272.83 57.54 .047 94.81 OUTPATIENT VISITS 2.71 65.71 76.74 OFFICE VISITS 143 167 10,973.44 .004 0 .00 HOME VISITS 0 .00 .00 .000 .00 552 EMERGENCY ROOM 602 38,029.26 63.17 .014 68.89 .86 .00 .00 PREVENTIVE CARE 0 0 .00 .000 .00 587 1,299 OB VISITS/COMPRE PERI 70,143.32 54.00 .030 119.49 5 25.36 25.36 OTHER OUTPATIENT 5 126.81 .000 .00 337 827 54.98 INPATIENT VISITS 45,468.38 .019 134.92 1.03 324 702 95.12 43.90 .016 .70 HOSPITAL VISITS 30,818.50 16 1 4 4 0 409 CRITICAL CARE 124 14,636.18 118.03 .003 914.76 .33 SNF/ICF/TRANS IP CARE 1 13.70 13.70 .000 13.70 .00 OPHTHALMOLOGICAL SERVICES 160.59 40.15 .000 40.15 .00 160.59 40.15 .000 40.15 .00 EXAMINATIONS 0 SERVICES AND MATERIALS .00 .00 .000 .00 .00 1,669 187,526.26 INPATIENT HOSPITAL SURGERY 112.36 .038 458.50 247 250 PRINCIPAL SURGEON 148,665.25 594.66 .006 601.88 3.38 41 ASSISTANT SURGEON 40 6,826.54 170.66 .001 166.50 .16 23.23 212.15 ANESTHESIOLOGIST 151 1,379 32,034.47 .031 339 OUTPATIENT SURGERY 166 20,413.10 60.22 .008 122.97 .46 154 198 17,863.03 90.22 .005 115.99 PRINCIPAL SURGEON .41 130.70 65.35 .000 65.35 ASSISTANT SURGEON 16 2,419.37 ANESTHESIOLOGIST 139 17.41 .003 151.21 .05 3 3 506.68 168.89 .000 168.89 DIALYSIS .01 375 3.45 19.88 PATHOLOGY 2,160 7,455.50 .049 .17 752 1,169 45,758.68 39.14 60.85 RADIOLOGY .027 1.04 1 1 23.22 23.22 .000 23.22 .00 PSYCHIATRY 13 26.01 624.31 .001 48.02 .01 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 238 305 10,253.98 33.62 .007 43.08 .23 3,917 11,987 1,092,870.49 \$ 91.17 .272 \$ 279.01 \$ 24.84 @PHARMACY 7,261 PRESCRIPTION DRUGS 3,765 1,068,434.58 147.15 .165 283.78 24.28

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF | 78 | 347 | 34,906.35 | 100.59 | .008 | 447.52 | .79 |
|----------------------------|------------------|---------------------|----------------------|----------------|--------------|--------------|-------------|
| OUTPATIENTS | 3 , 693 | 6,914 | 1,033,528.23 | 149.48 | .157 | 279.86 | 23.49 |
| MEDICAL SUPPLIES | 249 | 4,726 | 24,435.91 | 5.17 | .107 | 98.14 | .56 |
| @DENTIST | 13,248 | 66,896 | \$ 1,860,923.19 | \$ 27.82 | 1.520 | 140.47 | \$ 42.30 |
| VISITS - DIAGNOSTIC | 10,026 | 47,118 | 641,324.85 | 13.61 | 1.071 | 63.97 | 14.58 |
| ORAL SURGERY | 1,788 | 4,045 | 210,035.59 | 51.92 | .092 | 117.47 | 4.77 |
| DRUGS | 352 | 403 | 9,008.75 | 22.35 | .009 | 25.59 | .20 |
| ANESTHESIA | 52 | 52 | 4,800.00 | 92.31 | .001 | 92.31 | .11 |
| PERIODONTICS | 400 | 415 | 39,793.85 | 95.89 | .009 | 99.48 | .90 |
| ENDODONTICS | 798 | 1,219 | 180,684.85 | 148.22 | .028 | 226.42 | 4.11 |
| RESTORATIVE DENTISTRY | 4,183 | 11,284 | 542,198.20 | 48.05 | .256 | 129.62 | 12.32 |
| PROSTHETICS | 65 | 70 | 2,078.00 | 29.69 | .002 | 31.97 | .05 |
| DENTURES, STAYPLATES | 443 | 1,396 | 191,255.85 | 137.00 | .032 | 431.73 | 4.35 |
| SPACE MAINTAINERS | 75 | 102 | 10,265.00 | 100.64 | .002 | 136.87 | .23 |
| MAXILLOFACIAL SERVICES | 12 | 12 | 460.00 | 38.33 | .000 | 38.33 | .01 |
| FRACTURES, DISLOCATIONS | 1 | 2 | 1,800.00 | 900.00 | .000 | 1800.00 | .04 |
| ORTHODONTIC SERVICES | 332 | 437 | 26,543.25 | 60.74 | .010 | 79.95 | .60 |
| ALL OTHER SERVICES | 225 | 341 | 675.00 | 1.98 | .008 | 3.00 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITURES | S MONTH-OF-PAYMENT I | REPORT FOR JAN | 2004 THRU DE | EC 2004 | PAGE 15,150 |
| MOP024 | FEE-FOR-SERVICE, | /DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MN - NO S | SOC - TOTAL | | | | |
| | | | | | MON | NTHLY AVERAG | GE |
| 43,997 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | | | | | | |

| | | | | | | | 1*1 | OIAT | מאקוא ע וחווז | <u>ш</u> | |
|----------------------------|-------|------------------|----|--------------|-----|------------|-----------|------|---------------|----------|----------|
| 43,997 ELIGIBLES | USERS | UNITS OF SERVICE | 1 | EXPENDITURES | AV: | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | 3 | | PE: | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 10 | 31 | \$ | 689.40 | \$ | 22.24 | .001 | \$ | 68.94 | \$ | .02 |
| DIAGNOSTIC AND ANC. PROCED | 7 | 7 | | 332.15 | | 47.45 | .000 | | 47.45 | | .01 |
| EYE APPLIANCES | 8 | 24 | | 357.25 | | 14.89 | .001 | | 44.66 | | .01 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 3 | 5 | \$ | 83.60 | \$ | 16.72 | .000 | \$ | 27.87 | \$ | .00 |
| VISITS | 3 | 5 | | 83.60 | | 16.72 | .000 | | 27.87 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 3 | 21 | \$ | 94.61 | \$ | 4.51 | .000 | \$ | 31.54 | \$ | .00 |

| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------|-----------------|------------------------|-------------------|-----------------|---------------|---------------|-------------|
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 3 | 21 | 94.61 | 4.51 | .000 | 31.54 | .00 |
| @HOME HEALTH AGENCY | 3 | 6 \$ | 314.97 | \$ 52.50 | .000 \$ | 104.99 | \$.01 |
| NURSE ANESTHESIST | 35 | 362 \$ | 7,796.64 | \$ 21.54 | .008 \$ | 222.76 | \$.18 |
| NURSE MIDWIFE | 5 | 50 \$ | 1,372.93 | \$ 27.46 | .001 \$ | | \$.03 |
| PEDIATRIC NURSE PRACTITIONER | | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| @TOTAL HOSPITAL | 2,992 | 15,740 \$ | 3,361,571.02 | \$ 213.57 | | | |
| HOSP INPATIENT TOTAL | 409 | 1,588 | 2,985,559.22 | 1880.08 | .036 | 7299.66 | 67.86 |
| HSC HOSPITALS | 21 | 61 | 87,052.13 | 1427.08 | .001 | 4145.34 | 1.98 |
| NON-HSC HOSPITAL TOTAL | 387 | 1,527 | 2,895,915.09 | 1896.47 | .035 | 7482.98 | 65.82 |
| ACCOMMODATIONS | 385 | 1,527 | 1,019,947.46 | 667.94 | .035 | 2649.21 | 23.18 |
| ADMINISTRATIVE DAYS | 1 | 11 | 2,544.30 | 231.30 | .000 | 2544.30 | .06 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 384 | 1,516 | 1,017,403.16 | 671.11 | .034 | 2649.49 | 23.12 |
| ALL OTHER ACCOM | 387 | • | | .00 | .000 | 4847.46 | 42.64 |
| ANCILLARIES | | 0 | 1,875,967.63 | | | | |
| INPATIENT CROSSOVERS | 2 | 0 | 2,592.00 | .00 | .000 | 1296.00 | .06 |
| ALL OTHER INPATIENT | | | .00 | .00 | .000 | .00 134.10 | .00 |
| HOSP OUTPATIENT TOTAL | 2,804 | 14,152 | 376,011.80 | 26.57 | .322 | | 8.55 |
| MEDICAL | 213 | 275 | 8,417.95 | 30.61 | .006 | 39.52 | .19 |
| SURGERY | 118 | 149 | 4,547.42 | 30.52 | .003 | 38.54 | .10 |
| PATHOLOGY | 821 | 2,976 | 29,465.88 | 9.90 | .068 | 35.89 | .67 |
| RADIOLOGY | 647 | 844 | 55,118.14 | 65.31 | .019 | 85.19 | 1.25 |
| ROOM USE | 1,625 | 2,397 | 86,387.20 | 36.04 | .054 | 53.16 | 1.96 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,998 | 7,511 | 192,075.21 | 25.57 | .171 | 96.13 | 4.37 |
| @COUNTY HOSPITAL TOTAL | 21 | 105 \$ | 8,813.97 | \$ 83.94 | .002 \$ | | · |
| CO HOSPITAL INPATIENT TOTAL | 2 | 5 | 5,925.01 | 1185.00 | .000 | 2962.51 | .13 |
| HSC HOSPITALS | 2 | 5 | 5,925.01 | 1185.00 | .000 | 2962.51 | .13 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 19 | 100 | 2,888.96 | 28.89 | .002 | 152.05 | .07 |
| MEDICAL | 2 | 2 | 47.40 | 23.70 | .000 | 23.70 | .00 |
| SURGERY | 3 | 5 | 275.01 | 55.00 | .000 | 91.67 | .01 |
| PATHOLOGY | 10 | 56 | 773.55 | 13.81 | .001 | 77.36 | .02 |
| RADIOLOGY | 3 | 5 | 249.92 | 49.98 | .000 | 83.31 | .01 |
| ROOM USE | 9 | 14 | 671.57 | 47.97 | .000 | 74.62 | .02 |
| CROSSOVERS/ALL OTH OUTPINT | 9 | 18 | 871.51 | 48.42 | .000 | 96.83 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES MO | NTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 15,151 |
| MOP024 | FEE-FOR-SERVICE | C/DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MN - NO SOC | - TOTAL | | | | |
| | | | | | MONT | THLY AVERA | GE |
| 43,997 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| , | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,974 | 15,635 \$ | 3,352,757.05 | \$ 214.44 | | 1127.36 | |
| COMM HOSP INPATIENT TOTAL | 407 | 1,583 | 2,979,634.21 | 1882.27 | .036 | 7320.97 | 67.72 |
| HSC HOSPITALS | 19 | 56 | 81,127.12 | 1448.70 | .001 | 4269.85 | 1.84 |
| NON-HSC HOSPITALS TOTAL | 387 | 1,527 | 2,895,915.09 | 1896.47 | .035 | 7482.98 | 65.82 |
| ACCOMMODATIONS | 385 | 1,527 | 1,019,947.46 | 667.94 | .035 | 2649.21 | 23.18 |
| | 2 2 3 | 1,02. | =, 0 = 0 , 0 1 10 | 0001 | • • • • | _ 0 1 0 • 0 1 | 20.10 |

| ADMINISTRATIVE DAYS | 1 | 11 | | 2,544.30 | | 231.30 | .000 | | 2544.30 | | .06 |
|------------------------------|------------------|------------------|---------|--------------------|----------|------------|-------------|-----|-----------|------|------------|
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 384 | 1,516 | | 1,017,403.16 | | 671.11 | .034 | | 2649.49 | | 23.12 |
| ANCILLARIES | 387 | 0 | | 1,875,967.63 | | .00 | .000 | | 4847.46 | | 42.64 |
| INPATIENT CROSSOVERS | 2 | 0 | | 2,592.00 | | .00 | .000 | | 1296.00 | | .06 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,787 | 14,052 | | 373,122.84 | | 26.55 | .319 | | 133.88 | | 8.48 |
| MEDICAL | 211 | 273 | | 8,370.55 | | 30.66 | .006 | | 39.67 | | .19 |
| SURGERY | 115 | 144 | | 4,272.41 | | 29.67 | .003 | | 37.15 | | .10 |
| PATHOLOGY | 812 | 2,920 | | 28,692.33 | | 9.83 | .066 | | 35.34 | | .65 |
| RADIOLOGY | 644 | 839 | | 54,868.22 | | 65.40 | .019 | | 85.20 | | 1.25 |
| ROOM USE | 1,617 | 2,383 | | 85,715.63 | | 35.97 | .054 | | 53.01 | | 1.95 |
| CROSSOVERS/ALL OTH OUTPINT | 1,991 | 7,493 | | 191,203.70 | | 25.52 | .170 | | 96.03 | | 4.35 |
| @STATE HOSPITAL | 0 | 0 | \$ | 456.61 | \$ | .00 | .000 | \$ | .00 | \$ | .01 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | 456.61 | | .00 | .000 | | .00 | | .01 |
| @NURSING FACILITY | 9 | 194 | \$ | 29,256.72 | \$ | 150.81 | .004 | \$ | 3250.75 | \$ | .66 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 9 | 194 | | 29,256.72 | | 150.81 | .004 | | 3250.75 | | .66 |
| @INTERMEDIATE CARE FACILDD | 2 | 30 | \$ | 5,623.62 | \$ | 187.45 | .001 | Ś | 2811.81 | Ś | .13 |
| ICF DDH | 0 | 0 | 7 | .00 | 4 | .00 | .000 | 7 | .00 | т. | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 2 | 30 | | 5,623.62 | | 187.45 | .001 | | 2811.81 | | .13 |
| @HEMODIALYSIS TOTAL | 16 | 200 | \$ | 12,149.96 | \$ | 60.75 | .005 | Ś | 759.37 | Ś | .28 |
| HOSPITAL BASED | 0 | 0 | т | .00 | т | .00 | .000 | Τ. | .00 | Τ | .00 |
| HEMODIALYSIS CENTER | 16 | 200 | | 12,149.96 | | 60.75 | .005 | | 759.37 | | .28 |
| @REHABILITATION FACILITY | 1 | 7 | \$ | 163.18 | \$ | 23.31 | .000 | Ś | 163.18 | S | .00 |
| HOSPITAL BASED | 0 | 0 | Υ | .00 | ۲ | .00 | .000 | Ψ | .00 | Υ | .00 |
| INDEPENDENT FACILITY | 1 | 7 | | 163.18 | | 23.31 | .000 | | 163.18 | | .00 |
| @LABORATORY FACILITY | 1,446 | 3,721 | \$ | 57,848.59 | \$ | | .085 | Ś | 40.01 | S | 1.31 |
| PATHOLOGY | 1,446 | 3,721 | Υ | 57,848.59 | ۲ | 15.55 | .085 | Ψ | 40.01 | Υ | 1.31 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 5 , 751 | 12,393 | \$ | 563,488.37 | \$ | | .282 | Ś | | S | 12.81 |
| CLINIC | 834 | 5 , 629 | Υ | 129,210.45 | ۲ | 22.95 | .128 | Ψ | 154.93 | Υ | 2.94 |
| SURGICENTER | 2 | 5 | | 431.78 | | 86.36 | .000 | | 215.89 | | .01 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 4,917 | 6 , 759 | | 433,846.14 | | 64.19 | .154 | | 88.23 | | 9.86 |
| #CALIF DEPT OF HEALTH SERV | | | IIRES M | MONTH-OF-PAYMENT R | EPORT | | | DEC | | PZ | AGE 15,152 |
| MOP024 | FEE-FOR-SERVICE | | OINED I | | .DI OIK. | 1 101 0111 | 2001 111110 | טםכ | 2001 | | 03/14/05 |
| SOLANO COUNTY | | /ICES FOR MN - 1 | NO SOC | · - TOTAL | | | | | | | 00/ 11/ 00 |
| BOLLING COUNTY | DOILING OF DELCO | ,1000 1010 1110 | 110 000 | 7 1011111 | | | M | ONT | HLY AVERA | GE - | |
| 43,997 ELIGIBLES | USERS | UNITS OF SERVI | CE | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | | COST PER | - | COST PER |
| | 0.0-2.10 | OR DAYS OF CA | | | | | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 6,692 | 28,184 | \$ | 410,988.14 | \$ | 14.58 | | \$ | 61.41 | | 9.34 |
| DURABLE MED. EQUIP. | 2 | 29 | 7 | 225.23 | 4 | 7.77 | .001 | 7 | 112.62 | т. | .01 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 98 | 757 | | 14,744.09 | | 19.48 | .017 | | 150.45 | | .34 |
| AMBULANCES/AIR TRANS | 96 | 752 | | 12,906.19 | | 17.16 | .017 | | 134.44 | | .29 |
| OTHER TRANS | 1 | 4 | | 37.90 | | 9.48 | .000 | | 37.90 | | .00 |
| OTHER SERVICES | 1 | 1 | | 1,800.00 | | 1800.00 | .000 | | 1800.00 | | .04 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 9 | 9 | | • 0 0 | | • • • | • • • • • | | • 5 0 | | • • • |

| ADULT DAY HEALTH CARE CTR | 24 | 348 | 24 , 234.72 | 69 | .64 | .008 | 1009. | 78 | .55 |
|--------------------------------|-------|--------|--------------------|--------|-----|------|---------|-------|------|
| GENETIC DISEASE TESTING | 367 | 369 | 38 , 697.00 | 104 | .87 | .008 | 105. | 44 | .88 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 267 | 870 | 85,414.55 | 98 | .18 | .020 | 319. | 90 | 1.94 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | | .00 | .000 | . (| 00 | .00 |
| OPTICIAN | 2,261 | 4,805 | 46,303.31 | 9 | .64 | .109 | 20. | 48 | 1.05 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | | .00 | .000 | . (| 00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | | .00 | .000 | . (| 00 | .00 |
| PROSTHETIST/ORTHOTISTS | 9 | 11 | 1,222.30 | 111 | .12 | .000 | 135. | 81 | .03 |
| PROSTHETICS | 9 | 11 | 1,222.30 | 111 | .12 | .000 | 135. | 81 | .03 |
| ORTHOTICS | 0 | 0 | .00 | | .00 | .000 | . (| 00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | | .00 | .000 | . (| 00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 3 | 141.95 | 47 | .32 | .000 | 141. | 95 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | | .00 | .000 | . (| 00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | | .00 | .000 | . (| 00 | .00 |
| LOCAL EDUCATION AGENCIES | 3,683 | 17,451 | 198,094.66 | 11 | .35 | .397 | 53. | 79 | 4.50 |
| EPSDT SUPPLEMENTAL SERVICE | 3 | 47 | 1,257.27 | 26 | .75 | .001 | 419. | 09 | .03 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | | .00 | .000 | . (| 00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | | .00 | .000 | . (| 00 | .00 |
| ALL OTHER PROVIDERS | 13 | 3,494 | 653.06 | | .19 | .079 | 50.3 | 24 | .01 |
| @CALIF. CHILDREN SERVICES* | 42 | 211 | \$ 30,713.90 | \$ 145 | .56 | .005 | \$ 731. | 28 \$ | .70 |
| @XOVER EXCLUDING STATE HOSP** | 51 | 231 | \$ 16,708.58 | \$ 72 | .33 | .005 | \$ 327. | 62 \$ | .38 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INDOD DININ INCE INCECDED I | I THE THINGING BETHE BENES TOOVE. | |
|-----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 15,153 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y | |

| DODANO COUNTI | DOMESTIC OF DELICE | TODD FOR MIN DOC AGE | ענ | AID CODE I | T T | | |
|----------------------------|--------------------|----------------------|--------------|--------------|------------|------------|----------|
| | | | | | MON | THLY AVERA | GE |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 58 | 197 \$ | 8,689.95 | \$ 44.11 | .000 \$ | 149.83 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| RADIOLOGY | 0 | 0 | | 00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|--------------|-----------------|---------|-----------|-----------|-----------|-------------|
| PSYCHIATRY | 0 | 0 | | 00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | 00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | 00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 12 | 24 \$ | 2,477. | 87 \$ | 103.24 | .000 | \$ 206.49 | \$.00 |
| PRESCRIPTION DRUGS | 12 | 24 | 2,477. | 87 | 103.24 | .000 | 206.49 | .00 |
| SNF/ICF | 8 | 16 | 1,474. | 98 | 92.19 | .000 | 184.37 | .00 |
| OUTPATIENTS | 5 | 8 | 1,002. | 89 | 125.36 | .000 | 200.58 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | • | 00 | .00 | .000 | .00 | .00 |
| @DENTIST | 46 | 171 \$ | 6,186. | 00 \$ | 36.18 | .000 | \$ 134.48 | \$.00 |
| VISITS - DIAGNOSTIC | 36 | 108 | 567. | 00 | 5.25 | .000 | 15.75 | .00 |
| ORAL SURGERY | 8 | 44 | 1,341. | 00 | 30.48 | .000 | 167.63 | .00 |
| DRUGS | 0 | 0 | • | 00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | 00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 4 | 4 | 200. | 00 | 50.00 | .000 | 50.00 | .00 |
| ENDODONTICS | 0 | 0 | | 00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 2 | 3 | • | 00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | 00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 7 | 12 | 4,078. | 00 | 339.83 | .000 | 582.57 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | 00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | • | 00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | 00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | • | 00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | 00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMEN | T REPOR | T FOR JAN | 2004 THRU | DEC 2004 | PAGE 15,154 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | 03/14/05 |

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

| DODANO COUNTI | DOMMANT OF DELL | VICED FOR M | . 50 | · . | AGED | Αт | D CODE II | T T | | | | |
|------------------------------|-----------------|-------------|--------|-----|--------------|-----|-----------|------------|-----|-----------|----|----------|
| | | | | | | | | MC | TNC | HLY AVERA | GΕ | |
| 00 ELIGIBLES | USERS | UNITS OF SE | ERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 3 | COST PER | | COST PER |
| | | OR DAYS OF | CARE | | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | | |

SOLANO COUNTY

| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|----------------------|---------------|-----------|--------------|---------------|--------------|-------------|-------------|
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURE | S MONTH-C | F-PAYMENT RE | EPORT FOR JAN | 2004 THRU DE | EC 2004 | PAGE 15,155 |
| MOP024 | FEE-FOR-SERVICE/DENT | AL | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR MN - SOC | - AGED | | AID CODE 17 | 1Y | | |
| | | | | | | MON | ITHLY AVERA | GE |
| 00 ELIGIBLES | USERS UNIT | S OF SERVICE | EX | PENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |

| | | OR DAYS OF CARE | | | DFD | UNIT/DAY | PER ELIG | | USER | , | ELIGIBLE |
|-------------------------------------|------------------|-----------------|----------|---------------------|----------|-------------|----------|----------|-------|----------|----------|
| @COMMUNITY HOSPITAL TOTAL | 0 | OR DATS OF CARE | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | ۲ | .00 | Y | .00 | .000 | ۲ | .00 | 7 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | | | | .00 | | |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | | | .00 | .000 | | | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | ċ | .00 | Ċ | .00 | .000 | ċ | .00 | Ċ | .00 |
| @STATE HOSPITAL | · · | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | <u> </u> | .00 | <u> </u> | .00 | .000 | <u> </u> | .00 | <u> </u> | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | | | | | | |
| #CALIF DEPT OF HEALTH SERV | | | ES. | MONTH-OF-PAYMENT RE | EPORT | ' FOR JAN 2 | 004 THRU | DEC | 2004 | | |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVI | CES FOR MN - SC | C - | - AGED | ΑI | | | | | | |
| | | | | | | | M | | | | |
| 00 ELIGIBLES | | | | EXPENDITURES | | | | | | | |
| _ | | OR DAYS OF CARE | | | PER | UNIT/DAY | PER ELIG | | USER | . 1 | ELIGIBLE |
| @ALL OTHER PROVIDERS | 1 | 2 | \$ | 26.08 | \$ | 13.04 | .000 | \$ | 26.08 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|---|------|-------|--------|------|-----------|-----|
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 2 | 26.08 | 13.04 | .000 | 26.08 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 | | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 \$ | .00 |
| | | | | | | | |

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INDOE BILLI INCE INCEODED I | ., III III | |
|-----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 15,157 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27 | |

| | | | | | MON | THLY AVERA | GE |
|----------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 12 | 31 \$ | 12,324.05 | \$ 397.55 | .000 \$ | 1027.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| OUTPATIENT SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
|--|--|--|---|----------------------------------|---|---|--|--|-----------------------------|---|
| PRINCIPAL SURGEON | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | |
| RADIOLOGY | · · | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 12 | 31 \$ | 12,324.05 | \$ 3 | 397.55 | .000 | \$ | 1027.00 | \$ | .00 |
| PRESCRIPTION DRUGS | 12 | 31 | 12,324.05 | 3 | 397.55 | .000 | | 1027.00 | | .00 |
| SNF/ICF | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 12 | 31 | 12,324.05 | 3 | 397.55 | .000 | | 1027.00 | | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 0 | 0 \$ | | Ś | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | Υ | .00 | .000 | Ψ. | .00 | Υ | .00 |
| ORAL SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | | | | | | | | |
| DRUGS | | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | O O | • 0 0 | | • 0 0 | . 0 0 0 | | • 0 0 | | • 0 0 |
| ODTHODONTIC SERVICES | 0 | 0 | 0.0 | | $\cap \cap$ | $\cap \cap \cap$ | | 0.0 | | 0.0 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 0 | 0 | .00 | | .00 | .000 | DEG | .00 | | .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | 0 ES AND EXPENDITURES | | EPORT E | .00 | .000 | DEC | .00 | P. | .00 AGE 15,158 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 | MEDI-CAL SERVICE FEE-FOR-SERVICE | 0 ES AND EXPENDITURES /DENTAL | .00 MONTH-OF-PAYMENT R | | .00 FOR JAN 2 | .000 2004 THRU | DEC | .00 | PA | .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE FEE-FOR-SERVICE | 0 ES AND EXPENDITURES | .00 MONTH-OF-PAYMENT R | | .00 | .000 2004 THRU 27 | | .00 | | .00 AGE 15,158 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV | 0 ES AND EXPENDITURES //DENTAL ICES FOR MN - SOC | .00 MONTH-OF-PAYMENT R - BLIND | P | .00 FOR JAN 2 AID CODE | .000 2004 THRU 27 | ONT | .00 2004 CHLY AVERA | GE - | .00 AGE 15,158 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 | MEDI-CAL SERVICE FEE-FOR-SERVICE | 0 ES AND EXPENDITURES /DENTAL | .00 MONTH-OF-PAYMENT R | AVERA | .00 FOR JAN 2 AID CODE AGE COST | .000 2004 THRU 27 M UNITS/DAY | ONT | .00 | GE - | .00 AGE 15,158 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV | 0 ES AND EXPENDITURES //DENTAL ICES FOR MN - SOC | .00 MONTH-OF-PAYMENT R - BLIND | AVERA | .00 FOR JAN 2 AID CODE | .000 2004 THRU 27 M UNITS/DAY | ONT | .00 2004 CHLY AVERA | GE - | .00 AGE 15,158 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV | 0 ES AND EXPENDITURES //DENTAL ICES FOR MN - SOC UNITS OF SERVICE | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES | AVERA | .00 FOR JAN 2 AID CODE AGE COST | .000 2004 THRU 27 M UNITS/DAY | ONT | .00 2 2004 CHLY AVERA COST PER | GE - (| .00 AGE 15,158 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS | 0 ES AND EXPENDITURES JOHN THE STATE OF SERVICE OR DAYS OF CARE | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES | AVERA PER U | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY | .000 2004 THRU 27 M UNITS/DAY PER ELIG | ONT | .00 2004 CHLY AVERA COST PER USER | GE - (| .00 AGE 15,158 03/14/05 COST PER ELIGIBLE |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS | 0 ES AND EXPENDITURES JOHN THE STATE OF SERVICE OR DAYS OF CARE 0 \$ | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 | AVERA PER U | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 | ONT | .00 2 2004 CHLY AVERA COST PER USER .00 | GE - (| .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 | O ES AND EXPENDITURES I/DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O | MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 | AVERA PER U | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 | ONT | .00 2 2004 CHLY AVERA COST PER USER .00 .00 | GE - (| .00 AGE 15,158 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 | O ES AND EXPENDITURES I/DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O | MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 | AVERA PER U \$ | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 | ONT S \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 | GE - (E \$ | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 | O ES AND EXPENDITURES I/DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O S | MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 | AVERA PER U | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 | ONT | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 | GE - (E \$ | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 | O EES AND EXPENDITURES 1/DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O S | MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 | AVERA PER U \$ | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 | ONT S \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 | GE - (E \$ | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 | O SES AND EXPENDITURES I/DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O | MONTH-OF-PAYMENT R BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 | AVERA PER U \$ | OOFOR JAN 2 AID CODE AGE COST JNIT/DAY OO OO OO OO | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 | ONT S \$ | .00 C 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 | GE - (F \$ | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O | MONTH-OF-PAYMENT R BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER U \$ | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 | .000 2004 THRU 27 | ONT S \$ | .00 C 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 | GE - (F \$ | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O | MONTH-OF-PAYMENT R BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERA PER U \$ | OOFOR JAN 2 AID CODE AGE COST JNIT/DAY OO OO OO OO OO | .000 2004 THRU 27 | ONT S \$ | .00 C 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 | GE - (F \$ | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O SES AND EXPENDITURES O/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O S O O O O O O O O O O O O | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER U \$ | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 | ONT S \$ | .00 C 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 | GE - (F \$ | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DES AND EXPENDITURES I/DENTAL IICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O S O O O S O O O O O O O O O | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER U \$ | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | ONT S \$ | .00 C 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 | GE - (F \$ | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O SES AND EXPENDITURES I/DENTAL IICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O S O O O O O O O O O O O O O | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER U \$ | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | CONT S \$ \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 | GE - (\$ \$ \$ | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O SES AND EXPENDITURES I/DENTAL IICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O S O O O O S O O O O S O O O S O O O O S O | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER U \$ | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 | ONT S \$ \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 | GE - () | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O SES AND EXPENDITURES I/DENTAL IICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O S O O O O O O O O O O O O O | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER U \$ | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | CONT S \$ \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 | GE - () | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O ES AND EXPENDITURES I/DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O S O O O S O O S O O S O O S O S O S O O S O O S O O S | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER U \$ \$ \$ | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 | ONT S \$ \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 | GE - () | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O ES AND EXPENDITURES I/DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O S O O O O S O S | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER U \$ \$ \$ | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 | ONT S \$ \$ \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 | GE - () | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O S S S S S S S S S S S S S S S S S S S | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER US | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | ONT S \$ \$ \$ \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 | GE - () | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O EES AND EXPENDITURES I/DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O S O O O S O O S O O S O O S O | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER US | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | ONT S \$ \$ \$ \$ \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE - () F | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O SES AND EXPENDITURES OF CARE OR DAYS OF CARE OR O SOCIOUS OR O SOCIO | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER US | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | ONT S \$ \$ \$ \$ \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE - () F | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | O EES AND EXPENDITURES A/DENTAL FICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O S O O O O S O O O O S O O O O S O O O O O S O | .00 MONTH-OF-PAYMENT R - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERA PER US | .00 FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | ONT S \$ \$ \$ \$ \$ | .00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE - () F | .00 AGE 15,158 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |

| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|--------------------------|-----------|-------------|---------------|----------------|-------------|------------|-------------|
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | .00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURE | S MONTH-OF- | -PAYMENT REPO | ORT FOR JAN 20 | 04 THRU DEC | 2004 | PAGE 15,159 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MN - SOC | - BLIND | | AID CODE 2 | 27 | | |
| | | | | | _ | MONT | HLY AVERAG | SE |

| | | | | | MON | THLY AVERA | GE |
|----------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | \$.00 | \$.00 | .000 \$ | .00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------------|---------|-------------|--------------|------|--------------|------|--------|-----|----|-----------|
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITU | RES MONTH-O | F-PAYMENT RE | PORT | FOR JAN 2004 | THRU | DEC 20 | 004 | PA | GE 15,160 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MN - S | OC - BLIND | | | AID CODE 27 | | | | | |
| | | | | | | | | | | | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
|--------------------------------|-------|------------------|--------------|--------------|----------|----------|----------|
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,161
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

| | | | | | | MON | ITHLY AVERA | GE |
|---------------------------|-------|------------------|----|--------------|--------------|------------|-------------|-------------|
| 09 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | 3 | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 250 | 1,401 | \$ | 239,372.92 | \$ 170.86 | 155.667 | 957.49 | \$ 26596.99 |
| @PHYSICIANS SERVICES | 11 | 99 | \$ | 533.24 | \$ 5.39 | 11.000 | 48.48 | \$ 59.25 |
| OUTPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 1 | | 37.80 | 37.80 | .111 | 37.80 | 4.20 |
| HOSPITAL VISITS | 1 | 1 | | 37.80 | 37.80 | .111 | 37.80 | 4.20 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
|----------------------------|----------------|------------------|--------|--------------------|--------|-------------|--------------|-----------------|----|------------|
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 1 | 1 | | 43.56 | | 43.56 | .111 | 43.56 | | 4.84 |
| PRINCIPAL SURGEON | 1 | 1 | | 43.56 | | 43.56 | .111 | 43.56 | | 4.84 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 5 | 87 | | 121.70 | | 1.40 | 9.667 | 24.34 | | 13.52 |
| RADIOLOGY | 3 | 6 | | 186.68 | | 31.11 | .667 | 62.23 | | 20.74 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 4 | 4 | | 143.50 | | 35.88 | .444 | 35.88 | | 15.94 |
| @PHARMACY | 191 | 541 | \$ | 182,620.62 | Ġ | 337.56 | 60.111 | | Ś | 20291.18 |
| PRESCRIPTION DRUGS | 191 | 541 | ۲ | 182,620.62 | | 337.56 | 60.111 | 956.13 | | 20291.18 |
| SNF/ICF | 1 | 6 | | 157.77 | | 26.30 | .667 | 157.77 | | 17.53 |
| OUTPATIENTS | 190 | 535 | | 182,462.85 | | 341.05 | 59.444 | 960.33 | | 20273.65 |
| | 190 | 0 | | | | .00 | .000 | .00 | | .00 |
| MEDICAL SUPPLIES @DENTIST | 45 | 198 | \$ | .00 4,597.00 | | 23.22 | 22.000 | | Ċ | 510.78 |
| • | 31 | 117 | ې | • | ې | | | | Ą | 75.78 |
| VISITS - DIAGNOSTIC | 7 | 41 | | 682.00 | | 5.83 | 13.000 | 22.00 216.29 | | 168.22 |
| ORAL SURGERY | 0 | 0 | | 1,514.00 | | 36.93 | 4.556 | | | |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 4 | 7 | | 100.00 | | .00 | .000 | .00 | | 11.11 |
| PERIODONTICS | 4 | 4 | | 110.00 | | 27.50 | .444 | 27.50 | | 12.22 |
| ENDODONTICS | 1 | 1 | | 260.00 | | 260.00 | .111 | 260.00 | | 28.89 |
| RESTORATIVE DENTISTRY | 3 | 9 | | 261.00 | | 29.00 | 1.000 | 87.00 | | 29.00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | -/ | 23 | | 1,670.00 | | 72.61 | 2.556 | 238.57 | | 185.56 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 1 | 3 | | .00 | | .00 | .333 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | | JRES 1 | MONTH-OF-PAYMENT F | REPOR' | r for Jan 2 | 2004 THRU DI | EC 2004 | P | AGE 15,162 |
| MOP024 | FEE-FOR-SERVIC | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SER | VICES FOR MN - S | soc - | DISABLED AID | CODES | S 65 67 6W | | | | |
| | | | | | | | MOI | | | |
| 09 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | | | UNITS/DAYS | | | COST PER |
| | | OR DAYS OF CAR | | | | R UNIT/DAY | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | - | | .000 | | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @HOME HEALTH AGENCY | 2 | 7 | \$ | 524.02 | \$ | 74.86 | .778 | \$ 262.01 | \$ | 58.22 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | \$ | .00 |
| | | | | | | | | | | |

| NORSE MIDWIFE | U | U | ې | .00 | Ą | .00 | .000 \$ | .00 | Ą | .00 | |
|------------------------------|--------------------------|--------------|----------|--------------|--------|----------------|---------------|------------|-----|------------|---|
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 \$ | .00 | \$ | .00 | |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 \$ | | | .00 | |
| @TOTAL HOSPITAL | 15 | 249 | \$ | 42,305.81 | \$ | 169.90 | 27.667 \$ | 2820.39 | \$ | 4700.65 | |
| HOSP INPATIENT TOTAL | 5 | 16 | | 33,505.83 | | 2094.11 | 1.778 | 6701.17 | | 3722.87 | |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| NON-HSC HOSPITAL TOTAL | 5 | 16 | | 33,505.83 | | 2094.11 | 1.778 | 6701.17 | | 3722.87 | |
| ACCOMMODATIONS | 5 | 16 | | 11,302.35 | | 706.40 | 1.778 | 2260.47 | | 1255.82 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER ACCOM | 5 | 16 | | 11,302.35 | | 706.40 | 1.778 | 2260.47 | | 1255.82 | |
| ANCILLARIES | 5 | 0 | | 22,203.48 | | .00 | .000 | 4440.70 | | 2467.05 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| HOSP OUTPATIENT TOTAL | 12 | 233 | | 8,799.98 | | 37.77 | 25.889 | 733.33 | | 977.78 | |
| MEDICAL | 6 | 19 | | 720.72 | | 37.77 | 2.111 | 120.12 | | 80.08 | |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| | 3 | 13 | | 144.08 | | 11.08 | 1.444 | 48.03 | | 16.01 | |
| PATHOLOGY | 3 | 3 | | | | | | | | 31.28 | |
| RADIOLOGY | 3 | 12 | | 281.54 | | 93.85 | .333 | 93.85 | | | |
| ROOM USE | / | | | 480.34 | | 40.03 | 1.333 | 68.62 | | 53.37 | |
| CROSSOVERS/ALL OTH OUTPTNT | 8 | 186 | | 7,173.30 | | 38.57 | 20.667 | 896.66 | | 797.03 | |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 \$ | | Ş | .00 | |
| CO HOSPITAL INPATIENT TOTAL | Ü | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| | MEDI-CAL SERVICES AND E | | IRES M | | REPOR | | | | P | AGE 15,163 | 3 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | III DIVDII C | 71(110 1 | | CDI OI | 1 1010 01110 1 | LOOT THING DE | 0 2001 | | 03/14/05 | |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MN - S | SOC - | DISABLED AID | CODE | S 65 67 6W | 6Y | | | 03/11/00 | _ |
| BOHIMO COUNTI | DOINTING OF BERVICES FOR | 1111 | ,00 | | CODE | 5 05 07 0W | MON | THLY AVERA | GE. | | |
| 09 ELIGIBLES | USERS UNITS O | F SERVIC | TE: | EXPENDITURES | Δ17 | ERAGE COST | UNITS/DAYS | | | COST PER | |
| 09 EETCIDEEC | | S OF CAR | | EXIENDITORES | | R UNIT/DAY | | USER | | ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 15 | 249 | \$ | 42,305.81 | | 169.90 | | 2820.39 | | | |
| COMM HOSP INPATIENT TOTAL | 5 | 16 | Y | 33,505.83 | Y | 2094.11 | 1.778 | 6701.17 | Ÿ | 3722.87 | |
| | 0 | 0 | | | | | | | | | |
| HSC HOSPITALS | | | | .00 | | | | .00 | | | |
| NON-HSC HOSPITALS TOTAL | 5 | 16 | | 33,505.83 | | 2094.11 | 1.778 | 6701.17 | | 3722.87 | |
| ACCOMMODATIONS | 5 | 16 | | 11,302.35 | | 706.40 | 1.778 | 2260.47 | | 1255.82 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER ACCOM | 5 | 16 | | 11,302.35 | | 706.40 | 1.778 | 2260.47 | | 1255.82 | |
| ANCILLARIES | 5 | 0 | | 22,203.48 | | .00 | .000 | 4440.70 | | 2467.05 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| | | | | | | | | | | | |

0 \$.00 \$.00 \$.00 \$.00

0

NURSE MIDWIFE

| COMM HOSP OUTPATIENT TOTAL | 12 | 233 | | 8,799.98 | | 37.77 | 25.889 | | 733.33 | | 977.78 |
|--|-------------------------|-------------------|-------|---------------------|--------|----------|-----------|-----|--------|----|------------|
| MEDICAL | 6 | 19 | | 720.72 | | 37.77 | 2.111 | | 120.12 | | 80.08 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 3 | 13 | | 144.08 | | 11.08 | 1.444 | | 48.03 | | 16.01 |
| RADIOLOGY | 3 | 3 | | 281.54 | | 93.85 | .333 | | 93.85 | | 31.28 |
| ROOM USE | 7 | 12 | | 480.34 | | 40.03 | 1.333 | | 68.62 | | 53.37 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 186 | | 7,173.30 | | 38.57 | 20.667 | | 896.66 | | 797.03 |
| @STATE HOSPITAL | 0 | 100 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ċ | .00 |
| MENTALLY ILL | 0 | 0 | Ÿ | .00 | Ÿ | .00 | .000 | Y | .00 | Y | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ċ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | Ÿ | .00 | Ÿ | .00 | .000 | Y | .00 | Y | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B SOBACOTE HISTE BASED LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | Ś | .00 | .000 | Ś | .00 | Ċ | .00 |
| ICF DDH | 0 | 0 | Ą | .00 | Ą | .00 | .000 | ۲ | .00 | ې | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ċ | .00 |
| • | 0 | 0 | Ą | .00 | Ą | .00 | .000 | Ą | .00 | Ą | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | | | .00 | | |
| HEMODIALYSIS CENTER @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| | 0 | 0 | Ą | | Ą | | | Ą | | Ą | |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 17 | Ċ | | Ċ | .00 | .000 | ć | | Ċ | .00 |
| @LABORATORY FACILITY | 3 | 17 17 | \$ | 1,129.93 | \$ | 66.47 | 1.889 | \$ | 376.64 | Ş | 125.55 |
| PATHOLOGY | 3 | | | 1,129.93 | | 66.47 | 1.889 | | 376.64 | | 125.55 |
| XO AND OTHERS | U | 0 | ć | .00 | Ċ | .00 | .000 | ć | .00 | Ċ | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 1 | \$ | 602.88 | \$ | 602.88 | | \$ | 602.88 | Ş | 66.99 |
| CLINIC | 1 | 1 | | 602.88 | | 602.88 | .111 | | 602.88 | | 66.99 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | X L E N D T 'I' U | KES M | IONTH-OF-PAYMENT RE | EPOR'I | FOR JAN | ∠UU4 THRU | DEC | ∠004 | P. | AGE 15,164 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | DTG1D100 | ~~~= | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MN - S | OC - | DISABLED AID (| CODES | 65 67 6W | / 6Y | | | | |

| | | | | | MON | THLY AVERA | GE | |
|--------------------------------|-------|------------------|--------------|--------------|------------|------------|-----------|--|
| 09 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | |
| @ALL OTHER PROVIDERS | 14 | 289 \$ | 7,059.42 | \$ 24.43 | 32.111 \$ | 504.24 | \$ 784.38 | |
| DURABLE MED. EQUIP. | 1 | 2 | 54.94 | 27.47 | .222 | 54.94 | 6.10 | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL TRANSPORTATION | 2 | 60 | 613.50 | 10.23 | 6.667 | 306.75 | 68.17 | |
| AMBULANCES/AIR TRANS | 2 | 60 | 613.50 | 10.23 | 6.667 | 306.75 | 68.17 | |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 3 | 210 | 6,202.20 | 29.53 | 23.333 | 2067.40 | 689.13 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPTICIAN | 8 | 17 | 188.78 | 11.10 | 1.889 | 23.60 | 20.98 | |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
|--------------------------------------|----------------|--------------|-------------|-----|-----------|------|-----------|-----------|--|
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| A* TOTATE IN THESE TIMES ARE CIVEN A | C 7 CEDYDYLE 1 | NEODMATTON : | TTEM ONITY. | | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,165
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

| COLINO COUNTI | DOIMMING OF DELICE | TODO TOR | 1111 | | TIMITED THE CODE | 010 010 07 | | | | |
|-----------------------|--------------------|----------|---------|----|------------------|--------------|------------|------------|------|----------|
| | | | | | | | MON | THLY AVERA | GE - | |
| 23 ELIGIBLES | USERS | UNITS OF | SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | C | COST PER |
| | | OR DAYS | OF CARE | 1 | | PER UNIT/DAY | PER ELIG | USER | E | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 97 | | 351 | \$ | 18,710.94 | \$ 53.31 | 15.261 \$ | 192.90 | \$ | 813.52 |
| @PHYSICIANS SERVICES | 3 | | 6 | \$ | 393.39 | \$ 65.57 | .261 \$ | 131.13 | \$ | 17.10 |
| OUTPATIENT VISITS | 1 | | 1 | | 108.08 | 108.08 | .043 | 108.08 | | 4.70 |
| OFFICE VISITS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOME VISITS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 1 | | 1 | | 108.08 | 108.08 | .043 | 108.08 | | 4.70 |
| PREVENTIVE CARE | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|-----------------------|-------------|--------------|--------------------|-------|-------------|-----------|-----|----------|----|------------|
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 1 | 3 | | 163.02 | | 54.34 | .130 | | 163.02 | | 7.09 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 2 | | 122.29 | | 61.15 | .087 | | 122.29 | | 5.32 |
| @PHARMACY | 18 | 33 | Ś | 13,799.24 | \$ | 418.16 | 1.435 | ċ | 766.62 | ċ | 599.97 |
| PRESCRIPTION DRUGS | 18 | 33 | Ş | 13,799.24 | ې | 418.16 | 1.435 | Ą | 766.62 | Ą | 599.97 |
| SNF/ICF | 0 | 0 | | 13,799.24 | | .00 | .000 | | .00 | | .00 |
| | 18 | 33 | | 13,799.24 | | 418.16 | 1.435 | | 766.62 | | 599.97 |
| OUTPATIENTS | 0 | 0 | | • | | | | | .00 | | .00 |
| MEDICAL SUPPLIES | 55 | - | Ċ | .00 | Ċ | .00 | .000 | Ċ | | Ċ | |
| @DENTIST | 38 | 266 | \$ | 3,272.00 | \$ | 12.30 | 11.565 | Þ | 59.49 | Ş | 142.26 |
| VISITS - DIAGNOSTIC | 38 9 | 201 | | 735.00 | | 3.66 | 8.739 | | 19.34 | | 31.96 |
| ORAL SURGERY | 9 | 15 | | 218.00 | | 14.53 | .652 | | 24.22 | | 9.48 |
| DRUGS | ů . | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 1 | 1 | | .00 | | .00 | .043 | | .00 | | .00 |
| ENDODONTICS | 3 | 3 | | 660.00 | | 220.00 | .130 | | 220.00 | | 28.70 |
| RESTORATIVE DENTISTRY | 18 | 42 | | 618.00 | | 14.71 | 1.826 | | 34.33 | | 26.87 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 3 | 5 | | 1,006.00 | | 201.20 | .217 | | 335.33 | | 43.74 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 2 | 2 | | 35.00 | | 17.50 | .087 | | 17.50 | | 1.52 |
| ALL OTHER SERVICES | 1 | 3CR | | .00 | | .00 | .1300 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | RES I | MONTH-OF-PAYMENT R | EPOR' | T FOR JAN 2 | 2004 THRU | DEC | 2004 | Ρ. | AGE 15,166 |
| MOP024 | FEE-FOR-SERVICE/DENTA | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES E | TOR MN - SC | OC - | FAMILIES AID CODE | 5R | 6R 37 | | | | | |
| | | | | | | | M | | | - | |
| 23 ELIGIBLES | USERS UNITS | OF SERVICE | \mathbf{c} | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY | S (| COST PER | | COST PER |

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 23 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @OPTOMETRIST 0 0 .00 .00 .000 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 .00 \$.000 \$.00 \$ @PODIATRIST .00 .00

| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-----------------|--------------------|----------|-------------------|---------|---------|-------------|-----|----------|------|-----------|
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | | \$ | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| NURSE ANESTHESIST | 0 | 0 | Ś | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | Ċ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| | 0 | 0 | ب د | .00 | | | .000 | | .00 | \$ | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | <u>ې</u> | | \$ | .00 | | \$ | | | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | ې د | | \$ | .00 | | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 1 | 10 | \$ | 532.17 | \$ | 53.22 | .435 | \$ | 532.17 | \$ | 23.14 |
| HOSP INPATIENT TOTAL | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 1 | 10 | | 532.17 | | 53.22 | .435 | | 532.17 | | 23.14 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 1 | 5 | | 45.30 | | 9.06 | .217 | | 45.30 | | 1.97 |
| RADIOLOGY | 1 | 3 | | 438.04 | 1 | L46.01 | .130 | | 438.04 | | 19.05 |
| ROOM USE | 1 | 1 | | 31.57 | - | 31.57 | .043 | | 31.57 | | 1.37 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 1 | | 17.26 | | 17.26 | .043 | | 17.26 | | .75 |
| @COUNTY HOSPITAL TOTAL | 0 | | \$ | .00 | \$ | .00 | .000 | ¢ | .00 | Ġ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | Ÿ | .00 | Ÿ | .00 | .000 | Y | .00 | Y | .00 |
| | 0 | 0 | | | | | | | | | |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | U | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURE | S MON | NTH-OF-PAYMENT RE | EPORT I | FOR JAN | 2004 THRU I | DEC | 2004 | PA | GE 15,167 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | | ICES FOR MN - SOC | - FA | AMILIES AID CODE | 5R 6R | 37 | | | | | |
| | | | | | | | MC | NTH | LY AVERA | GE - | |
| 23 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERA | | | | | | OST PER |
| | | OR DAYS OF CARE | | | | | PER ELIG | | USER | Ε | LIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 1 | 10 | \$ | 532.17 | \$ | 53.22 | .435 | \$ | | | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | Õ | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 110001111011111110110 | 0 | O . | | .00 | | . 00 | .000 | | .00 | | .00 |

| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------------|-----------|----------|---------------------|----------|--------------|------|----------|--------|----------|------------|
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 10 | | 532.17 | | 53.22 | .435 | | 532.17 | | 23.14 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 1 | 5 | | 45.30 | | 9.06 | .217 | | 45.30 | | 1.97 |
| RADIOLOGY | 1 | 3 | | 438.04 | | 146.01 | .130 | | 438.04 | | 19.05 |
| ROOM USE | _ 1 | 1 | | 31.57 | | 31.57 | .043 | | 31.57 | | 1.37 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | | 17.26 | | 17.26 | .043 | | 17.26 | | .75 |
| @STATE HOSPITAL | 0 | 0 | \$ | | Ś | .00 | .000 | Ś | | Ś | .00 |
| MENTALLY ILL | 0 | 0 | Τ. | .00 | т | .00 | .000 | т | .00 | т | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | | Ś | .00 | .000 | Ś | | Ś | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | Ψ | .00 | ۲ | .00 | .000 | ٧ | .00 | ۲ | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | | Ś | .00 | .000 | Ċ | .00 | Ś | .00 |
| ICF DDH | 0 | 0 | Y | .00 | Ÿ | .00 | .000 | Ÿ | .00 | Y | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | | Ś | .00 | .000 | ċ | | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | Ą | .00 | ş | .00 | .000 | ş | .00 | Ą | .00 |
| | 0 | 0 | | | | | | | | | |
| HEMODIALYSIS CENTER | 0 | 0 | ċ | .00 | Ċ | .00 | .000 | ć | .00 | Ċ | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | | \$ | .00 | .000 | Ş | | \$ | .00 |
| HOSPITAL BASED | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | <u> </u> | .00 | <u>^</u> | .00 | .000 | <u> </u> | .00 | <u> </u> | .00 |
| @LABORATORY FACILITY | U | 0 | \$ | | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | Ü | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 5 | ./ | \$ | | \$ | 54.83 | .304 | Ş | 76.76 | Ş | 16.69 |
| CLINIC | O | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 5 | 7 | | 383.81 | | 54.83 | .304 | | 76.76 | | 16.69 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU | RES | MONTH-OF-PAYMENT RE | EPORT | FOR JAN 2004 | THRU | DEC | 2004 | PF | AGE 15,168 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| | | | | | | | | | | | |

----- MONTHLY AVERAGE -----23 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 16 29 \$ 330.33 \$ 11.39 1.261 \$ 20.65 \$ 14.36 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 BLOOD BANK .000 0 .00 .00 .00 .00 HEARING AID DISPENSERS .000 MEDICAL TRANSPORTATION 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 AMBULANCES/AIR TRANS .000 OTHER TRANS 0 0 .00 .00 .00 .00 .000 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 .00 ACUPUNCTURE .00 .00 .000 .00

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

SOLANO COUNTY

| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|----|----|--------------|-------------|------|--------------|------------|
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 5 | 10 | 83.20 | 8.32 | .435 | 16.64 | 3.62 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 11 | 19 | 247.13 | 13.01 | .826 | 22.47 | 10.74 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 1 | 2 | \$ 122.29 | \$ 61.15 | .087 | \$ 122.29 | \$ 5.32 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| | | | | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,169
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

| | | | | | MON | THLY AVERA | GE |
|----------------------------|-------|------------------|--------------|--------------|----------|------------|------------|
| 32 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 417 | 1,980 \$ | 279,097.86 | \$ 140.96 | 61.875 | 669.30 | \$ 8721.81 |
| @PHYSICIANS SERVICES | 14 | 105 \$ | 926.63 | \$ 8.83 | 3.281 | | |
| OUTPATIENT VISITS | 1 | 1 | 108.08 | 108.08 | .031 | 108.08 | 3.38 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 108.08 | 108.08 | .031 | 108.08 | 3.38 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 1 | 37.80 | 37.80 | .031 | 37.80 | 1.18 |
| HOSPITAL VISITS | 1 | 1 | 37.80 | 37.80 | .031 | 37.80 | 1.18 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 1 | 1 | 43.56 | 43.56 | .031 | 43.56 | 1.36 |
| PRINCIPAL SURGEON | 1 | 1 | 43.56 | 43.56 | .031 | 43.56 | 1.36 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 5 | 87 | 121.70 | 1.40 | 2.719 | 24.34 | 3.80 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| RADIOLOGY | Δ | Q | 349.70 | 38.86 | .281 | 87.43 | 10.93 |
|----------------------------|-----------------|---------------------|--------------------|---------------|--------------|-------------|-------------|
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 5 | 6 | 265.79 | 44.30 | .188 | 53.16 | 8.31 |
| @PHARMACY | 233 | 629 \$ | 211,221.78 | \$ 335.81 | 19.656 \$ | | |
| PRESCRIPTION DRUGS | 233 | 629 | 211,221.78 | 335.81 | 19.656 | 906.53 | 6600.68 |
| SNF/ICF | 9 | 22 | 1,632.75 | 74.22 | .688 | 181.42 | 51.02 |
| OUTPATIENTS | 225 | 607 | 209,589.03 | 345.29 | 18.969 | 931.51 | 6549.66 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 146 | 635 \$ | 14,055.00 | \$ 22.13 | 19.844 \$ | | |
| VISITS - DIAGNOSTIC | 105 | 426 | 1,984.00 | 4.66 | 13.313 | 18.90 | 62.00 |
| ORAL SURGERY | 24 | 100 | 3,073.00 | 30.73 | 3.125 | 128.04 | 96.03 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | 100.00 | .00 | .000 | .00 | 3.13 |
| PERIODONTICS | 9 | 9 | 310.00 | 34.44 | .281 | 34.44 | 9.69 |
| ENDODONTICS | 4 | 4 | 920.00 | 230.00 | .125 | 230.00 | 28.75 |
| RESTORATIVE DENTISTRY | 23 | 54 | 879.00 | 16.28 | 1.688 | 38.22 | 27.47 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 17 | 40 | 6,754.00 | 168.85 | 1.250 | 397.29 | 211.06 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 2 | 2 | 35.00 | 17.50 | .063 | 17.50 | 1.09 |
| ALL OTHER SERVICES | 2 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES | MONTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,170 |
| MOP024 | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MN - SOC - | TOTAL | | | | |
| | | | | | | ITHLY AVERA | |
| 32 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | • |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | • | • | | | 0.0 | | 0.0 | 0.00 | | 0.0 | | 0.0 |
|------------------------------|-------------------------|----------|--------|----------|------------|--------|-----------|-----------|------|-------------|----|------------|
| EYE APPLIANCES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | | .00 | | .00 | .000 | 1 | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | | .00 | | .00 | .000 | 1 | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 2 | 7 | \$ | | 524.02 | \$ | 74.86 | .219 | | 262.01 | Ċ | 16.38 |
| | 2 | | ب خ | | | ٠ خ | | | | | | |
| NURSE ANESTHESIST | 0 | 0 | Ģ | | .00 | ې د | .00 | .000 | | .00 | | .00 |
| NURSE MIDWIFE | U | 0 | \$ | | .00 | ۶ | .00 | .000 | | .00 | | .00 |
| PEDIATRIC NURSE PRACTITIONER | | 0 | Ş | | .00 | Ş | .00 | .000 | | .00 | | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | | .00 | | .00 |
| @TOTAL HOSPITAL | 16 | 259 | \$ | | 42,837.98 | \$ | 165.40 | 8.094 | | 2677.37 | \$ | 1338.69 |
| HOSP INPATIENT TOTAL | 5 | 16 | | | 33,505.83 | | 2094.11 | .500 | 1 | 6701.17 | | 1047.06 |
| HSC HOSPITALS | 0 | 0 | | | .00 | | .00 | .000 | 1 | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 5 | 16 | | | 33,505.83 | | 2094.11 | .500 | 1 | 6701.17 | | 1047.06 |
| ACCOMMODATIONS | 5 | 16 | | | 11,302.35 | | 706.40 | .500 | | 2260.47 | | 353.20 |
| ADMINISTRATIVE DAYS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| | 5 | | | | | | 706.40 | | | | | 353.20 |
| ALL OTHER ACCOM | 5 | 16 | | | 11,302.35 | | | .500 | | 2260.47 | | |
| ANCILLARIES | 5 | 0 | | | 22,203.48 | | .00 | .000 | | 4440.70 | | 693.86 |
| INPATIENT CROSSOVERS | Ü | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 13 | 243 | | | 9,332.15 | | 38.40 | 7.594 | | 717.86 | | 291.63 |
| MEDICAL | 6 | 19 | | | 720.72 | | 37.93 | .594 | | 120.12 | | 22.52 |
| SURGERY | 0 | 0 | | | .00 | | .00 | .000 | 1 | .00 | | .00 |
| PATHOLOGY | 4 | 18 | | | 189.38 | | 10.52 | .563 | | 47.35 | | 5.92 |
| RADIOLOGY | 4 | 6 | | | 719.58 | | 119.93 | .188 | | 179.90 | | 22.49 |
| ROOM USE | 8 | 13 | | | 511.91 | | 39.38 | .406 | | 63.99 | | 16.00 |
| CROSSOVERS/ALL OTH OUTPTNT | 9 | 187 | | | 7,190.56 | | 38.45 | 5.844 | | 798.95 | | 224.71 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | | .00 | ċ | .00 |
| | 0 | | ې | | | ۲ | | | | | ې | |
| CO HOSPITAL INPATIENT TOTAL | U | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | | .00 | | .00 | .000 | 1 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | | .00 | | .00 | .000 | 1 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | · · | 0 | | | | | | | | | | |
| PATHOLOGY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND B | EXPENDIT | URES | MONTH-OF | -PAYMENT R | EPOR: | r for Jan | 2004 THRU | DEC | 2004 | P | AGE 15,171 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | R MN - | SOC - | - TOTAL | | | | | | | | |
| | | | | | | | | | момп | מסשווג עדעי | CE | |

| | | OR DAYS OF CARE | | | ושמ | R UNIT/DAY | DED ELIC | | USER | | ELIGIBLE |
|------------------------------|-----------------|-------------------|------|--------------------|--------|-------------|-----------|-----|---------|----|------------|
| @COMMUNITY HOSPITAL TOTAL | 16 | 259 | \$ | 42,837.98 | \$ | 165.40 | 8.094 | | | | |
| COMM HOSP INPATIENT TOTAL | 5 | 16 | Ψ | 33,505.83 | ۲ | 2094.11 | .500 | ۲ | 6701.17 | ۲ | 1047.06 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 5 | 16 | | 33,505.83 | | 2094.11 | .500 | | 6701.17 | | 1047.06 |
| ACCOMMODATIONS | 5 | 16 | | 11,302.35 | | 706.40 | .500 | | 2260.47 | | 353.20 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 5 | 16 | | 11,302.35 | | 706.40 | .500 | | 2260.47 | | 353.20 |
| ANCILLARIES | 5 | 0 | | 22,203.48 | | .00 | .000 | | 4440.70 | | 693.86 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 13 | 243 | | 9,332.15 | | 38.40 | 7.594 | | 717.86 | | 291.63 |
| MEDICAL | 6 | 19 | | 720.72 | | 37.93 | .594 | | 120.12 | | 22.52 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 4 | 18 | | 189.38 | | 10.52 | .563 | | 47.35 | | 5.92 |
| RADIOLOGY | 4 | 6 | | 719.58 | | 119.93 | .188 | | 179.90 | | 22.49 |
| ROOM USE | 8 | 13 | | 511.91 | | 39.38 | .406 | | 63.99 | | 16.00 |
| CROSSOVERS/ALL OTH OUTPTNT | 9 | 187 | | 7,190.56 | | 38.45 | 5.844 | | 798.95 | | 224.71 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | · | .00 | .000 | • | .00 | · | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | · | .00 | .000 | • | .00 | Ċ | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 3 | 17 | \$ | 1,129.93 | \$ | 66.47 | .531 | \$ | 376.64 | \$ | 35.31 |
| PATHOLOGY | 3 | 17 | | 1,129.93 | | 66.47 | .531 | | 376.64 | | 35.31 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 6 | 8 | \$ | 986.69 | \$ | 123.34 | .250 | \$ | 164.45 | \$ | 30.83 |
| CLINIC | 1 | 1 | | 602.88 | | 602.88 | .031 | | 602.88 | | 18.84 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 5 | 7 | | 383.81 | | 54.83 | .219 | | 76.76 | | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITUR | ES I | MONTH-OF-PAYMENT R | REPOR! | r for jan 2 | 2004 THRU | DEC | 2004 | P | AGE 15,172 |
| | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MN - SO | C - | TOTAL | | | | | | | |
| | | | | | | | M | | | | |
| 32 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | | | | | |
| | 6.4 | OR DAYS OF CARE | | | | R UNIT/DAY | | | | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 31 | 320 | \$ | • | | | | Ş | 239.22 | | |
| DURABLE MED. EQUIP. | 1 | 2 | | 54.94 | | 27.47 | | | 54.94 | | 1.72 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|----|------|----------|----------|-------|---------|---------|
| MEDICAL TRANSPORTATION | 2 | 60 | 613.50 | 10.23 | 1.875 | 306.75 | 19.17 |
| AMBULANCES/AIR TRANS | 2 | 60 | 613.50 | 10.23 | 1.875 | 306.75 | 19.17 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 3 | 210 | 6,202.20 | 29.53 | 6.563 | 2067.40 | 193.82 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 14 | 29 | 298.06 | 10.28 | .906 | 21.29 | 9.31 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 11 | 19 | 247.13 | 13.01 | .594 | 22.47 | 7.72 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 1 | 2 \$ | 122.29 | \$ 61.15 | .063 | | \$ 3.82 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| | | | | | | | |

 $[\]ensuremath{\text{@}} \star$ totals in these lines are given as a separate information item only;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INDOE BIIII INCE INCEOBED I | ., 1112 11111111111111111111111111111111 | |
|-----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 15,173 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13 | |

| DODANO COUNTI | DOMINANT OF DEIN | ATCHO LOLL LILL TIC | 110 11 | INI CAND AGED | AID CODE | 13 | | |
|----------------------------|------------------|---------------------|--------|---------------|--------------|------------|-------------|-------------|
| | | | | | | MO | NTHLY AVERA | .GE |
| 53 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 978 | 9,524 | \$ | 533,902.10 | \$ 56.06 | 179.698 | \$ 545.91 | \$ 10073.62 |
| @PHYSICIANS SERVICES | 2 | 4 | \$ | 61.28 | \$ 15.32 | .075 | \$ 30.64 | \$ 1.16 |
| OUTPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| OUTPATIENT SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
|--|---|---|--|--|---|--|------------------------------|---|--|--|
| PRINCIPAL SURGEON | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 2 | 4 | 61.28 | | 15.32 | .075 | | 30.64 | | 1.16 |
| @PHARMACY | 625 | 1,352 | \$ 173,414.15 | \$ | 128.26 | 25.509 | \$ | 277.46 | \$ | 3271.97 |
| PRESCRIPTION DRUGS | 623 | 1,348 | 173,249.83 | | 128.52 | 25.434 | | 278.09 | | 3268.86 |
| SNF/ICF | 490 | 1,112 | 136,436.59 | | 122.69 | 20.981 | | 278.44 | | 2574.28 |
| OUTPATIENTS | 139 | 236 | 36,813.24 | | 155.99 | 4.453 | | 264.84 | | 694.59 |
| MEDICAL SUPPLIES | 2 | 4 | 164.32 | | 41.08 | .075 | | 82.16 | | 3.10 |
| @DENTIST | 293 | 791 | \$ 32,325.00 | \$ | 40.87 | 14.925 | \$ | 110.32 | \$ | 609.91 |
| VISITS - DIAGNOSTIC | 253 | 644 | 9,739.00 | | 15.12 | 12.151 | | 38.49 | | 183.75 |
| ORAL SURGERY | 7 | 38 | 1,493.00 | | 39.29 | .717 | | 213.29 | | 28.17 |
| DRUGS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 18 | 18 | 918.00 | | 51.00 | .340 | | 51.00 | | 17.32 |
| ENDODONTICS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 1 | 1 | 30.00 | | 30.00 | .019 | | 30.00 | | .57 |
| DENTURES, STAYPLATES | 62 | 90 | 20,145.00 | | 223.83 | 1.698 | | 324.92 | | 380.09 |
| SPACE MAINTAINERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | |
| ALL OTHER SERVICES | 2 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITURE | | EPORT | | | DEC | | P. | AGE 15,174 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 | MEDI-CAL SERVICE FEE-FOR-SERVICE | ES AND EXPENDITURE: DENTAL | .00 S MONTH-OF-PAYMENT R | EPORT | r for Jan 2 | 2004 THRU | DEC | | P. | |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE FEE-FOR-SERVICE | ES AND EXPENDITURE: DENTAL | .00 | EPORT | | 2004 THRU 13 | | 2004 | | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY | MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI | ES AND EXPENDITURE: DENTAL CES FOR MN - LONG | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED | | FOR JAN 2 | 2004 THRU 13 M | ONT | 2004 HLY AVERA | .GE | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 | MEDI-CAL SERVICE FEE-FOR-SERVICE | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE | .00 S MONTH-OF-PAYMENT R | AVI | F FOR JAN : AID CODE ERAGE COST | 2004 THRU 13 M UNITS/DAY | ONT: | 2004 HLY AVERA COST PER | GE. | AGE 15,174 03/14/05 COST PER |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES | MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI | ES AND EXPENDITURE: DENTAL CES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES | AVI PEI | FOR JAN : AID CODE ERAGE COST R UNIT/DAY | 13 M UNITS/DAY PER ELIG | IONT: | 2004 HLY AVERA COST PER USER | GE | AGE 15,174 03/14/05 COST PER ELIGIBLE |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 | AVI | F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 17.70 | 13 M UNITS/DAY PER ELIG .113 | IONT: | 2004 HLY AVERA COST PER USER 53.11 | GE | AGE 15,174 03/14/05 COST PER ELIGIBLE 2.00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED | MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 | AVI PEI | F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 | 13 M UNITS/DAY PER ELIG .113 .000 | IONT: | 2004 HLY AVERA COST PER USER 53.11 .00 | GE | AGE 15,174 03/14/05 COST PER ELIGIBLE 2.00 .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 2 0 2 | ES AND EXPENDITURE: DENTAL CES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 | AVI PEI | FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 | 13 M UNITS/DAY PER ELIG .113 .000 .113 | IONT: | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 | GE | AGE 15,174 03/14/05 COST PER ELIGIBLE 2.00 .00 2.00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS | ES AND EXPENDITURE: 'DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 6 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 | AVI PEI \$ | FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 | IONT: S ' \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 | GE \$ | AGE 15,174 03/14/05 COST PER ELIGIBLE 2.00 .00 2.00 .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 2 0 2 | ES AND EXPENDITURE: 'DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 | AVI PEI | FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 | IONT: S ' \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 | GE \$ | AGE 15,174 03/14/05 COST PER ELIGIBLE 2.00 .00 2.00 .00 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS | MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 2 0 2 0 0 0 0 | ES AND EXPENDITURE: 'DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 0 | S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 | AVI PEI \$ | FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 | IONT: S ' \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 | GE \$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES | MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 2 0 2 0 0 0 0 0 | ES AND EXPENDITURE: 'DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 0 0 | S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 .00 | AVI PEI \$ | FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 | IONT: S \$ \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 | GE \$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST | MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 2 0 2 0 0 0 0 12 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 0 0 0 21 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 .00 .00 .11.83 | AVI PEI \$ | F FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .56 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 | IONT: S \$ \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 | GE \$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS | MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 2 0 2 0 0 0 12 0 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 0 21 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 .00 .00 .100 .00 .00 .00 | AVI PEI \$ | F FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .56 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 .000 .000 | IONT: S \$ \$ | 2004 HLY AVERA COST PER USER 53.11 .00 .00 .00 .00 .00 .99 .00 | GE \$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. | MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 2 0 2 0 0 0 0 12 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 0 0 0 21 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 .00 .00 .00 .00 .00 .00 | AVI PEI \$ | F FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 .000 .000 .000 | IONT: S \$ \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 | GE \$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 2 0 2 0 0 0 12 0 0 0 0 0 0 0 0 0 0 0 0 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 21 0 0 0 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 .00 .00 .00 .00 .00 .00 | AVI PEI \$ | F FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 | IONT: S \$ \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00 | GE \$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER | MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 2 0 2 0 0 0 12 0 0 0 12 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 21 0 0 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 .00 .00 .00 .00 .00 .11.83 | AVI PEI \$ | F FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 | IONT: S \$ \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 | GE \$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 2 0 2 0 0 0 12 0 0 0 12 0 12 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 21 0 0 21 0 0 21 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 .00 .00 .00 .00 .00 .00 | AVI PEI \$ | F FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 | S \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .99 .00 .00 | GE \$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 2 0 2 0 0 0 12 0 0 12 0 12 0 0 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 21 0 0 21 0 21 0 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 .00 .00 .00 .00 .11.83 .00 .00 .183 .00 | AVI PEI \$ | FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .56 .00 .00 .56 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 | ONT; | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .99 .00 .00 .99 .00 | GE \$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 2 0 2 0 0 0 12 0 0 12 0 0 0 0 0 0 0 0 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 21 0 0 21 0 0 21 0 0 0 0 21 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 \$.00 .00 .00 .00 .00 .11.83 .00 .00 .11.83 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVH PEH \$ \$ \$ | FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .56 .00 .00 .56 .00 .00 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 | ONT; | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 .00 .99 .00 .00 .99 .00 .00 | GE \$ \$ \$ \$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 2 0 2 0 0 0 12 0 0 12 0 0 0 0 0 0 0 0 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 21 0 0 21 0 0 21 0 0 0 0 21 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 \$.00 .00 .00 .00 .11.83 .00 .00 .11.83 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVH PEH \$ \$ \$ | FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 | ONT; \$ \$ \$ \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00 | GE \$ \$ \$ \$\$\$ | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 2 0 2 0 0 0 0 12 0 0 12 0 0 0 12 0 0 0 0 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 21 0 0 21 0 0 21 0 0 0 0 0 0 0 0 0 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 \$.00 \$.00 .00 .00 .11.83 .00 .00 .11.83 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVH PEH \$ \$ \$ \$ | FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 | ONT; \$ \$ \$ \$ \$ | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00 | GE S S S S S S S S S S S S S S S S S S S | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 2 0 2 0 0 0 0 12 0 0 12 0 0 0 0 0 0 0 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 21 0 21 0 0 21 0 0 0 0 0 0 0 0 0 0 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 .00 .00 .11.83 .00 .00 .11.83 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVF PEF \$ \$ \$ \$ \$ | FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 | ONT | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00 | G s s s s s s s s s s s s s s s s s s s | AGE 15,174 03/14/05 |
| ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SOLANO COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 2 0 2 0 0 0 0 12 0 0 12 0 0 0 0 12 0 0 12 0 0 12 0 12 0 12 0 12 0 12 0 11 1 | ES AND EXPENDITURE: DENTAL ICES FOR MN - LONG UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 21 0 21 0 0 21 0 0 0 0 0 0 0 0 0 0 | .00 S MONTH-OF-PAYMENT R G TERM CARE - AGED EXPENDITURES \$ 106.22 .00 106.22 .00 .00 .00 .00 .00 .00 .11.83 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVF PEF \$ \$ \$ \$ \$ | FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 13 M UNITS/DAY PER ELIG .113 .000 .113 .000 .000 .000 .000 .000 | ONT | 2004 HLY AVERA COST PER USER 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00 | G s s s s s s s s s s s s s s s s s s s | AGE 15,174 03/14/05 |

| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|---|------|--------|-----|---------|--------|-------|
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | 876.00 | .00 | .000 | 876.00 | 16.53 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SIMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED ATD CODE 13

SOLANO COUNTY

| SOLANO COUNTY | SUMMARY OF SERVICES F | OR MN - LONG | TERM CARE - AGED | А | ID CODE | 13 | | | | |
|---|-----------------------|--------------|------------------|----------|----------|-------------|----------|-----------|----------|-------------|
| | | | | | | M | ТИС | HLY AVERA | GE | |
| 53 ELIGIBLES | USERS UNITS | OF SERVICE | EXPENDITURES | AVERA | GE COST | UNITS/DAY | 3 | COST PER | | COST PER |
| | OR D | AYS OF CARE | | PER U | NIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 1 | 0 \$ | 876.00 | \$ | .00 | .000 | \$ | 876.00 | \$ | 16.53 |
| COMM HOSP INPATIENT TOTAL | 1 | 0 | 876.00 | | .00 | .000 | • | 876.00 | · | 16.53 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | | | | | | | |
| ALL OTHER ACCOM | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | U | Ü | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | 876.00 | | .00 | .000 | | 876.00 | | 16.53 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 8 | 229 \$ | 137,085.12 | \$ 5 | 98.62 | 4.321 | \$ | 17135.64 | \$ | 2586.51 |
| MENTALLY ILL | 8 | 229 | 137,085.12 | | 98.62 | 4.321 | | 17135.64 | · | 2586.51 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 53 | 1,804 \$ | | \$ | 98.68 | 34.038 | \$ | 3358.93 | Ś | 3358.93 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | 7 | .00 | .000 | Τ. | .00 | т | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B KEHAB MD LEV B-SUBACUTE FREESTANDING | ŭ | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | | .00 | | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 53 | • | | | | .000 | | | | |
| LEV B-REGULAR | | 1,804 | 178,023.39 | | 98.68 | 34.038 | <u>^</u> | 3358.93 | <u>^</u> | 3358.93 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | | \$ | .00 | .000 | \$ | .00 | Ş | .00 |
| ICF DDH | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 \$ | | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | • | .00 | · | .00 |
| XO AND OTHERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 \$ | | \$ | .00 | .000 | \$ | .00 | Ś | .00 |
| CLINIC | 0 | 0 | .00 | т | .00 | .000 | т | .00 | т | .00 |
| SURGICENTER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | .00 | | .00 | .000 | | .00 | | |
| RURAL HEALTH CLINIC | <u>-</u> | | | | | | 050 | | - | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | MONIA-OF-PAIMENT | VTLOKI I | OK JAN 2 | LUU4 IHKU . | ノロし | 2004 | F | PAGE 15,176 |
| MOP024 | FEE-FOR-SERVICE/DENTA | ь | | _ | | | | | | 03/14/05 |

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

| 53 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | RAGE COST | | COST PER | .0_ | COST PER |
|--------------------------------|-------|------------------|-----------------|--------------|----------|--------------|-----|----------|
| | | OR DAYS OF CAR | | R UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 112 | 5,317 | \$ 11,999.11 | \$ 2.26 | 100.321 | \$ 107.13 | \$ | 226.40 |
| DURABLE MED. EQUIP. | 7 | 131 | 3,252.88 | 24.83 | 2.472 | 464.70 | | 61.38 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 1 | 2 | 54.79 | 27.40 | .038 | 54.79 | | 1.03 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 60 | 135 | 1,707.01 | 12.64 | 2.547 | 28.45 | | 32.21 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 2 | 6 | 289.18 | 48.20 | .113 | 144.59 | | 5.46 |
| HOSPICE SERVICES | 2 | 43 | 3,715.49 | 86.41 | .811 | 1857.75 | | 70.10 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 43 | 5,000 | 2,979.76 | .60 | 94.340 | 69.30 | | 56.22 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 19 | 25 | \$ 6,398.01 | \$ 255.92 | .472 | \$ 336.74 | \$ | 120.72 |

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,177 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

| DOMINICI OF DELC | VICED IOIN | T.II.A | ДОТИ | 0 111111 | 1 011111 | рптир | | MID CODE | 23 | | | | |
|------------------|------------|----------------|---------------------|----------|------------------------|---|---|--|--|--|--|--|--|
| | | | | | | | | | M | TNC | HLY AVERA | GE | |
| USERS | UNITS OF | SERV | ICE | | EXPENDI | TURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | OR DAYS | OF C | ARE | | | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| 11 | | 14 | : | \$ | 2,9 | 73.89 | \$ | 212.42 | .000 | \$ | 270.35 | \$ | .00 |
| 0 | | 0 | : | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| | | USERS UNITS OF | USERS UNITS OF SERV | | USERS UNITS OF SERVICE | USERS UNITS OF SERVICE EXPENDI OR DAYS OF CARE | USERS UNITS OF SERVICE OR DAYS OF CARE 11 14 \$ 2,973.89 0 0 \$.00 0 0 \$.00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 | USERS UNITS OF SERVICE OR DAYS OF CARE 11 14 \$ 2,973.89 \$ 0 0 \$.00 \$ 0 0 .00 | USERS UNITS OF SERVICE OR DAYS OF CARE 11 14 \$ 2,973.89 \$ 212.42 0 0 \$.00 \$. | USERS UNITS OF SERVICE OR DAYS OF CARE 11 | USERS UNITS OF SERVICE OR DAYS OF CARE 11 | USERS UNITS OF SERVICE OR DAYS OF CARE 11 | USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 11 14 \$ 2,973.89 \$ 212.42 .000 \$ 270.35 \$.00 \$. |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| T | 0 | 0 | | 0.0 | | 0.0 | 0.00 | | 0.0 | | 0.0 |
|----------------------------|-----------------|---------------------|-------|----------------------|-------|----------------|---------------|---------|------|----------|------------|
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| PRINCIPAL SURGEON | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | Ô | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | | | | | | | | | |
| IMMUNIZATION AND INJECTION | • | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 10 | 10 | \$ | 2,926.40 | \$ | 292.64 | .000 | \$ 29 | 2.64 | \$ | .00 |
| PRESCRIPTION DRUGS | 10 | 10 | | 2,926.40 | | 292.64 | .000 | 29 | 2.64 | | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 10 | 10 | | 2,926.40 | | 292.64 | .000 | 29 | 2.64 | | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | 2) | .00 | | .00 |
| @DENTIST | 2 | | \$ | | Ś | | | ė o | | <u>~</u> | |
| • | | 3 | Ş | 40.00 | Ş | 13.33 | .000 | | 0.00 | Þ | .00 |
| VISITS - DIAGNOSTIC | 2 | 3 | | 40.00 | | 13.33 | .000 | 2 | 0.00 | | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| PROSTHETICS | 0 | U | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAI SERVIO | TES AND EVDENDITHIE | SEG I | MONTH-OF-PAYMENT R | FPOR | | | NEC 200 | | Б | AGE 15,178 |
| MOP024 | FEE-FOR-SERVICE | | (LC) | HOWIN OF THIRDING IC | UI OI | 1 1010 07110 2 | .001 1111(0 1 | /LC 200 | 1 | | 03/14/05 |
| | | | DATE: | MEDN CARE DITAL | | 7 TD CODE | 22 | | | | 03/14/03 |
| SOLANO COUNTY | SUMMARY OF SER | VICES FOR MN - LO | JNG : | TERM CARE - BLIND | | AID CODE | | | | ~= | |
| | | | _ | | | | MC | | | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | ERAGE COST | | | | | COST PER |
| | | OR DAYS OF CARE | C | | PE | R UNIT/DAY | | | ER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ċ | .00 | Ċ | .00 |
| | · · | · · | ې | | ې | | | Ÿ | | ۲ | |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ċ | .00 |
| | | 0 | | | | | | | | | |
| NURSE ANESTHESIST | 0 | U | \$ | .00 | \$ | .00 | .000 | ş | .00 | Ş | .00 |
| | | | | | | | | | | | |

| NUDGE MIDUIER | 0 | 0 | ÷ 00 | Ċ 00 | 000 ¢ | 0.0 | c 00 |
|------------------------------|-----------------|-------------------|-----------------------------|--------------|-----------------|-------------|-------------|
| NURSE MIDWIFE | 0 | | \$.00 | \$.00 | .000 \$ | | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | \$.00 | \$.00 | .000 \$ | | \$.00 |
| FAMILY NURSE PRACTITIONER | U | 0 | .00 | \$.00 | .000 \$ | .00 | • |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | · |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | | | .00 | |
| RADIOLOGY | 0 | 0 | | .00 | .000 | | .00 |
| ROOM USE | 0 | • | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | U | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | · |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | • | S MONTH-OF-PAYMENT F | | | | PAGE 15,179 |
| MOP024 | FEE-FOR-SERVICE | | 0 11011111 01 11111111111 1 | | 2001 111110 220 | 2001 | 03/14/05 |
| SOLANO COUNTY | | | G TERM CARE - BLIND | AID CODE | . 23 | | 03/11/03 |
| SOLANO COONII | DOMMANT OF BENV | ICES FOR FIN LONG | 3 IEIUI CANE DEIND | AID CODE | MONT | THIY AVERAG | E |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERACE COST | UNITS/DAYS | | COST PER |
| 00 EDIGIDDES | OSEIG | OR DAYS OF CARE | EXTENDITORES | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | | \$.00 | \$.00 | .000 \$ | | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | | .000 | | |
| | 0 | 0 | | | | | |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | U | U | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | U | Ü | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | Ü | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | Ü | Ü | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------|---|---|-----------|-----------|------|-----------|-----------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

| SOLIANO COUNTI | SOMMAN OF SERV | TORS FOR IM TON | G ILIM | CAKE BEIND | AID CODE | 23 | | |
|--------------------------------|--------------------|--------------------|-----------|--------------|--------------|------------|--------------|----------|
| | | | | | | MON | ITHLY AVERAG | E |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 1 | 1 | \$ | 7.49 | \$ 7.49 | .000 \$ | 7.49 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | | 7.49 | 7.49 | .000 | 7.49 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| Q + MOMATO TAL MURCE TIMEO ADE | CTITENT AC A CEDAT | AME TARODMAMION IM | DA ONIT S | 7 - | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,181 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

----- MONTHLY AVERAGE -----

SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

| | | | | | | 110 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 101 |
|-----------------------|-------|-----------------|----|--------------|--------------|------------|---|-------------|
| 33 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 571 | 23,097 | \$ | 903,481.64 | \$ 39.12 | 699.909 | \$ 1582.28 | \$ 27378.23 |
| @PHYSICIANS SERVICES | 9 | 23 | \$ | 1,159.47 | \$ 50.41 | .697 | \$ 128.83 | \$ 35.14 |
| OUTPATIENT VISITS | 4 | 4 | | 181.93 | 45.48 | .121 | 45.48 | 5.51 |
| OFFICE VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 4 | 4 | | 181.93 | 45.48 | .121 | 45.48 | 5.51 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | | |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OMILED OURDAMIENE | 0 | 0 | | 0.0 | | 0.0 | 000 | | 0.0 | | 0.0 |
|----------------------------|-----------------|---------------------|-----|---------------------|-------|-------------|-----------|-----|-----------|----|------------|
| OTHER OUTPATIENT | 7 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | / | 11 | | 250.60 | | 22.78 | .333 | | 35.80 | | 7.59 |
| HOSPITAL VISITS | 1 | 3 | | 113.40 | | 37.80 | .091 | | 113.40 | | 3.44 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 6 | 8 | | 137.20 | | 17.15 | .242 | | 22.87 | | 4.16 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 2 | | 345.12 | | 172.56 | .061 | | 345.12 | | 10.46 |
| | 1 | 2 | | 345.12 | | 172.56 | .061 | | 345.12 | | 10.46 |
| PRINCIPAL SURGEON | 1 | 2 | | | | | | | | | |
| ASSISTANT SURGEON | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 2 | 2 | | 207.59 | | 103.80 | .061 | | 103.80 | | 6.29 |
| PRINCIPAL SURGEON | 2 | 2 | | 207.59 | | 103.80 | .061 | | 103.80 | | 6.29 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | Ô | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 1 | 3 | | 136.63 | | 45.54 | .091 | | 136.63 | | 4.14 |
| | 0 | 5 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | | | | | | | | |
| IMMUNIZATION AND INJECTION | - | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 1 | | 37.60 | | 37.60 | .030 | | 37.60 | | 1.14 |
| @PHARMACY | 443 | , | \$ | 206,817.02 | \$ | 160.57 | 39.030 | \$ | | \$ | |
| PRESCRIPTION DRUGS | 441 | 1,216 | | 206 , 357.77 | | 169.70 | 36.848 | | 467.93 | | 6253.27 |
| SNF/ICF | 267 | 930 | | 127,400.43 | | 136.99 | 28.182 | | 477.16 | | 3860.62 |
| OUTPATIENTS | 176 | 286 | | 78,957.34 | | 276.07 | 8.667 | | 448.62 | | 2392.65 |
| MEDICAL SUPPLIES | 6 | 72 | | 459.25 | | 6.38 | 2.182 | | 76.54 | | 13.92 |
| @DENTIST | 95 | | \$ | | \$ | | 12.879 | Ś | | Ś | |
| VISITS - DIAGNOSTIC | 90 | 365 | Υ | 4,633.00 | Y | 12.69 | 11.061 | Ψ. | 51.48 | Ψ. | 140.39 |
| | 5 | 13 | | 609.00 | | 46.85 | | | 121.80 | | 18.45 |
| ORAL SURGERY | - | | | | | | .394 | | | | |
| DRUGS | 1 | 3 | | .00 | | .00 | .091 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 13 | 17 | | 1,970.00 | | 115.88 | .515 | | 151.54 | | 59.70 |
| ENDODONTICS | 2 | 2 | | 528.50 | | 264.25 | .061 | | 264.25 | | 16.02 |
| RESTORATIVE DENTISTRY | 10 | 22 | | 1,030.00 | | 46.82 | .667 | | 103.00 | | 31.21 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 2 | 3 | | 25.00 | | 8.33 | .091 | | 12.50 | | .76 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | _ | .00 |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITURE | S M | MONTH-OF-PAYMENT RE | EPORT | r for Jan | 2004 THRU | DEC | 2004 | Р | AGE 15,182 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | /ICES FOR MN - LON | GΊ | TERM CARE - DISABLE | ΞD | AID CODE | 63 | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE | |
| 33 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PEF | R HINTT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 1 | | \$ | 82.29 | \$ | 20.57 | .121 | | 82.29 | | 2.49 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | Y | 39.44 | Y | 39.44 | .030 | Y | 39.44 | Y | 1.20 |
| | 1 | | | | | | | | | | |
| EYE APPLIANCES | | 3 | | 42.85 | | 14.28 | .091 | | 42.85 | | 1.30 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | _ | .00 | | .00 | .000 | | .00 | , | .00 |
| @CHIROPRACTOR | 0 | | \$ | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 2 | 4 | \$ | 10.66 | \$ | 2.67 | .121 | \$ | 5.33 | \$ | .32 |
| | | | | | | | | | | | |

| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--|-------------------|-------------------------|-------------------|--------------|---------|-------------|-------------|
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 2 | 4 | 10.66 | 2.67 | .121 | 5.33 | .32 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | | | • | | · |
| FAMILY NURSE PRACTITIONER | 0 | | .00 | \$.00 | .000 \$ | | \$.00 |
| @TOTAL HOSPITAL | 6 | 23 \$ | 3,995.80 | \$ 173.73 | .697 \$ | 665.97 | |
| HOSP INPATIENT TOTAL | 1 | 3 | 3,480.00 | 1160.00 | .091 | 3480.00 | 105.45 |
| HSC HOSPITALS | 1 | 3 | 3,480.00 | 1160.00 | .091 | 3480.00 | 105.45 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 5 | 20 | 515.80 | 25.79 | .606 | 103.16 | 15.63 |
| MEDICAL | 2 | 3 | 94.35 | 31.45 | .091 | 47.18 | 2.86 |
| SURGERY | 1 | 1 | 41.64 | 41.64 | .030 | 41.64 | 1.26 |
| PATHOLOGY | 4 | 7 | 69.05 | 9.86 | .212 | 17.26 | 2.09 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 3 | 6 | 273.45 | 45.58 | .182 | 91.15 | 8.29 |
| | 3 | 3 | 37.31 | 12.44 | .091 | 18.66 | 1.13 |
| CROSSOVERS/ALL OTH OUTPTNT | | | | | | | |
| @COUNTY HOSPITAL TOTAL | 1 | 3 \$ | • | \$ 1160.00 | · | 3480.00 | · |
| CO HOSPITAL INPATIENT TOTAL | 1 | 3 | 3,480.00 | 1160.00 | .091 | 3480.00 | 105.45 |
| HSC HOSPITALS | 1 | 3 | 3,480.00 | 1160.00 | .091 | 3480.00 | 105.45 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | MEDI-CAL SERVICE | ES AND EXPENDITURES MON | | | | 2004 | PAGE 15,183 |
| | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| SOLANO COUNTY | | ICES FOR MN - LONG TER | RM CARE - DISABLE | ED AID CODE | 63 | | 00/11/00 |
| DOLLINO COOMIT | SOMETHIC OF SERVE | ICED FOR THE BONG TEL | di Cinte Dichber | | MON' | THILY AVERA | F |
| 33 ELIGIBLES | IISERS | UNITS OF SERVICE | EXPENDITIBES | | | | COST PER |
| 33 EDIGIDDES | OSERS | OR DAYS OF CARE | EXTENDITORES | PER UNIT/DAY | | USER | |
| @COMMUNITY HOSPITAL TOTAL | 5 | OR DAIS OF CARE 20 \$ | 515.80 | | | 103.16 | |
| COMM HOSP INPATIENT TOTAL | 0 | 20 3 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | | .000 | .00 | .00 |
| HSC HOSPITALS | | | | .00 | | | |
| NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | Ü | U | .00 | .00 | .000 | .00 | .00 |

| ADMINITORD ARTIC DAVIC | 0 | 0 | | 0.0 | | .00 | .000 | .00 | | .00 |
|------------------------------|-----------------|------------------|--------|--------------------|--------|-------------|-------------|--------------|----|------------|
| ADMINISTRATIVE DAYS | 0 | • | | .00 | | | | | | |
| TRANSITIONAL IP CARE | U | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 5 | 20 | | 515.80 | | 25.79 | .606 | 103.16 | | 15.63 |
| MEDICAL | 2 | 3 | | 94.35 | | 31.45 | .091 | 47.18 | | 2.86 |
| SURGERY | 1 | 1 | | 41.64 | | 41.64 | .030 | 41.64 | | 1.26 |
| PATHOLOGY | 4 | 7 | | 69.05 | | 9.86 | .212 | 17.26 | | 2.09 |
| RADIOLOGY | 0 | , | | .00 | | .00 | .000 | .00 | | .00 |
| | 3 | 6 | | | | 45.58 | .182 | | | |
| ROOM USE | 3 | 0 | | 273.45 | | | | 91.15 | | 8.29 |
| CROSSOVERS/ALL OTH OUTPTNT | | 3 | _ | 37.31 | _ | 12.44 | .091 | 18.66 | _ | 1.13 |
| @STATE HOSPITAL | 28 | 853 | \$ | 431,898.01 | \$ | 506.33 | 25.848 | \$ 15424.93 | Ş | 13087.82 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 28 | 853 | | 431,898.01 | | 506.33 | 25.848 | 15424.93 | | 13087.82 |
| @NURSING FACILITY | 29 | 1,080 | \$ | 241,093.00 | \$ | 223.23 | 32.727 | \$ 8313.55 | \$ | 7305.85 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 6 | 241 | | 131,116.87 | | 544.05 | 7.303 | 21852.81 | | 3973.24 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 23 | 839 | | 109,976.13 | | 131.08 | 25.424 | 4781.57 | | 3332.61 |
| | 0 | 039 | Ċ | | Ś | .00 | .000 | | ċ | |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | Ş | | | | Ş | .00 |
| ICF DDH | U | • | | .00 | | .00 | .000 | .00 | | .00 |
| ICF DD | O | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | \$ | .00 |
| PATHOLOGY | 0 | 0 | Υ | .00 | Υ | .00 | .000 | .00 | ۲ | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | Ċ | | Ċ | | | | Ċ | |
| @ORGANIZED OUTPATIENT CLINIC | 5 | 6 | \$ | 1,174.74 | \$ | 195.79 | .182 | | \$ | 35.60 |
| CLINIC | U | U | | .00 | | .00 | .000 | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RURAL HEALTH CLINIC | 5 | 6 | | 1,174.74 | | 195.79 | .182 | 234.95 | | 35.60 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITU | JRES I | MONTH-OF-PAYMENT R | REPORT | r for jan 2 | 2004 THRU 1 | DEC 2004 | P. | AGE 15,184 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MN - I | LONG ! | TERM CARE - DISABL | ED | AID CODE | 63 | | | |
| | | | | | | | MO | ONTHLY AVERA | GE | |
| 33 ELIGIBLES | USERS | UNITS OF SERVICE | Œ | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | S COST PER | | COST PER |
| | 0.0_0.0 | OR DAYS OF CAR | | | | | PER ELIG | | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 59 | 19,391 | \$ | 8,455.15 | \$ | .44 | 587.606 | | | 256.22 |
| DURABLE MED. EQUIP. | 3 | 15,391 | Y | | Y | 150.10 | .455 | 750.49 | Y | 68.23 |
| ~ | 0 | 0 | | 2,251.47 | | | | | | |
| BLOOD BANK | • | | | .00 | | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 9 | 88 | | 999.65 | | 11.36 | 2.667 | 111.07 | | 30.29 |
| AMBULANCES/AIR TRANS | 7 | 27 | | 793.04 | | 29.37 | .818 | 113.29 | | 24.03 |
| OTHER TRANS | 4 | 61 | | 206.61 | | 3.39 | 1.848 | 51.65 | | 6.26 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | | | | | | | | | | |

| ADULT DAY HEALTH CARE CTR | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
|----------------------------------|-------------------|---------------|--------|--------|----------|---------------|---------|---------------|--------------|--|
| GENETIC DISEASE TESTING | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| OPTICIAN | 20 | 40 | | | 503.45 | 12.59 | 1.212 | 25.17 | 15.26 | |
| PHYSICAL THERAPIST | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| PORTABLE X-RAY | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| PROSTHETICS | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| ORTHOTICS | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| PSYCHOLOGIST | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| SPEECH AND AUDIOLOGY | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| HOSPICE SERVICES | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| NONINST BIRTHING CENTERS | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| LOCAL EDUCATION AGENCIES | 2 | 5 | | | 51.36 | 10.27 | .152 | 25.68 | 1.56 | |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| RESPIRATORY CARE PRACT. | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER PROVIDERS | 30 | 19,243 | | | 4,649.22 | .24 | 583.121 | 154.97 | 140.89 | |
| @CALIF. CHILDREN SERVICES* | 1 | 66 | \$ | | 39.41 | \$.60 | 2.000 | \$ 39.41 | \$ 1.19 | |
| @XOVER EXCLUDING STATE HOSP** | 6 | 6 | \$ | | 7,130.93 | \$ 1188.49 | .182 | \$ 1188.49 | \$ 216.09 | |
| A* MOMATO IN MURCE TIMES ARE CIV | מתאכת מכת מי מיתו | TATEODMARITON | TERM O | ATT SZ | | | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| 111202 B11111 11112 111020B2B 1 | 1112 1111110111111111111111111111111 | |
|---------------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 15,185 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED | |

| | | | | | | | MO | NTHLY AVERA | GE | |
|-----------------------|-------|------------------|----|--------------|-----|-----------|------------|-------------|----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | € | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | € | | PER | UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |

| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-------------------|------------------------|-----------------|-----------------|------------|-----------|----------|
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURES MONTH | -OF-PAYMENT REP | ORT FOR JAN 200 | 4 THRU DEC | 2004 | |
| MOP024 | FEE-FOR-SERVICE/I | ENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVIO | CES FOR MN - LONG TERM | CARE - FAMILIES | DISCONTINUED | | | |
| | | | | | | HLY AVERA | GE |
| 00 ELIGIBLES | USERS (| NITS OF SERVICE | EXPENDITURES | AVERAGE COST UN | ITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY P | ER ELIG | USER | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|---|------------------------|--------------|-----------|--------------|-------------|-----------|----------|-------------|
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 \$ | 5 | | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | | | | | | | |
| @HOME HEALTH AGENCY | 0 | 0 \$ | | | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 \$ | | | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | | | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 \$ | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | .000 | | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | | .00 | .00 |
| ANCILLARIES | U | - | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 s | 5 | | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | • | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | | |
| ACCOMMODATIONS | - | U | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV | | | MONITI OF | | | | | |
| | MEDI-CAL SERVICES AND | | MONTH-OF | -PAIMENT KEP | OKI FOR JAN | ZUU4 THKU | DEC 2004 | PAGE 15,187 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | D = 0 000 | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FO | JK MN - LONG | TERM CAR | E - FAMILIES | DISCONTIN | UED | | |

| | | OR DAYS OF CARE | | | PE:I | R UNIT/DAY | PER ELIG | | USER | Ţ | ELIGIBLE |
|------------------------------|-----------------|-------------------|----------|------------------|----------|-------------|-----------|----------|------|----------|------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | OR DATS OF CARE | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | т | .00 | Ψ | .00 | .000 | т | .00 | Τ | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | |
| | 0 | 0 | | .00 | | | | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | | | | | .00 | .000 | | | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | • | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | <u> </u> | .00 | <u> </u> | .00 | .000 | <u>^</u> | .00 | <u> </u> | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | | | .00 | | | | | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITUR | ES MC | NTH-OF-PAYMENT E | REPOR' | r for jan 2 | 2004 THRU | DEC | 2004 | PA | AGE 15,188 |
| | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MN - LC | NG TE | RM CARE - FAMILI | IES | | | | | | |
| | | | | | | | M | | | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | | | | | |
| | | OR DAYS OF CARE | | | | R UNIT/DAY | PER ELIG | | USER | I | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|---|------|--------|-----|---------|--------|-----|
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| | | | | | | | |

 $[\]ensuremath{\text{@*}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,189
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

| MONTHLY AVERAGE | | | | | | | | | |
|----------------------------|-------|------------------|--------------|--------------|------------|----------|-------------|--|--|
| 86 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | | |
| @TOTAL, ALL PROVIDERS | 1,560 | 32,635 \$ | 1,440,357.63 | \$ 44.14 | 379.477 \$ | 923.31 | \$ 16748.34 | | |
| @PHYSICIANS SERVICES | 11 | 27 \$ | 1,220.75 | \$ 45.21 | .314 \$ | 110.98 | \$ 14.19 | | |
| OUTPATIENT VISITS | 4 | 4 | 181.93 | 45.48 | .047 | 45.48 | 2.12 | | |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| EMERGENCY ROOM | 4 | 4 | 181.93 | 45.48 | .047 | 45.48 | 2.12 | | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| INPATIENT VISITS | 7 | 11 | 250.60 | 22.78 | .128 | 35.80 | 2.91 | | |
| HOSPITAL VISITS | 1 | 3 | 113.40 | 37.80 | .035 | 113.40 | 1.32 | | |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| SNF/ICF/TRANS IP CARE | 6 | 8 | 137.20 | 17.15 | .093 | 22.87 | 1.60 | | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| INPATIENT HOSPITAL SURGERY | 1 | 2 | 345.12 | 172.56 | .023 | 345.12 | 4.01 | | |
| PRINCIPAL SURGEON | 1 | 2 | 345.12 | 172.56 | .023 | 345.12 | 4.01 | | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT SURGERY | 2 | 2 | | 207.59 |) | 103.80 | .023 | | 103.80 | | 2.41 |
|----------------------------|-----------------------|--------------|----------|------------|--------|---------|-----------|-----|--------|----|-------------|
| PRINCIPAL SURGEON | 2 | 2 | | 207.59 |) | 103.80 | .023 | | 103.80 | | 2.41 |
| ASSISTANT SURGEON | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 1 | 3 | | 136.63 | } | 45.54 | .035 | | 136.63 | | 1.59 |
| PSYCHIATRY | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 3 | 5 | | 98.88 | } | 19.78 | .058 | | 32.96 | | 1.15 |
| @PHARMACY | 1,078 | 2,650 | Ş | 383,157.57 | 7 \$ | 144.59 | 30.814 | \$ | 355.43 | \$ | 4455.32 |
| PRESCRIPTION DRUGS | 1,074 | 2,574 | | 382,534.00 |) | 148.61 | 29.930 | | 356.18 | | 4448.07 |
| SNF/ICF | 757 | 2,042 | | 263,837.02 | 2 | 129.21 | 23.744 | | 348.53 | | 3067.87 |
| OUTPATIENTS | 325 | 532 | | 118,696.98 | } | 223.11 | 6.186 | | 365.22 | | 1380.20 |
| MEDICAL SUPPLIES | 8 | 76 | | 623.57 | 7 | 8.20 | .884 | | 77.95 | | 7.25 |
| @DENTIST | 390 | 1,219 | \$ | 41,160.50 |) \$ | 33.77 | 14.174 | \$ | 105.54 | \$ | 478.61 |
| VISITS - DIAGNOSTIC | 345 | 1,012 | | 14,412.00 |) | 14.24 | 11.767 | | 41.77 | | 167.58 |
| ORAL SURGERY | 12 | 51 | | 2,102.00 |) | 41.22 | .593 | | 175.17 | | 24.44 |
| DRUGS | 1 | 3 | | .00 |) | .00 | .035 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 31 | 35 | | 2,888.00 |) | 82.51 | .407 | | 93.16 | | 33.58 |
| ENDODONTICS | 2 | 2 | | 528.50 |) | 264.25 | .023 | | 264.25 | | 6.15 |
| RESTORATIVE DENTISTRY | 10 | 22 | | 1,030.00 |) | 46.82 | .256 | | 103.00 | | 11.98 |
| PROSTHETICS | 1 | 1 | | 30.00 |) | 30.00 | .012 | | 30.00 | | .35 |
| DENTURES, STAYPLATES | 64 | 93 | | 20,170.00 |) | 216.88 | 1.081 | | 315.16 | | 234.53 |
| SPACE MAINTAINERS | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 2 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURE: | S MONTH- | OF-PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | PAGE 15,190 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | | 03/14/05 |

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR MN - LON | G TER | M CARE - TOTAL | | | Mo | חואר | אסידע אזזייםא | CF | |
|---|----------------|---------------------------------------|--------------|-------------------|------|------------------|------|------|------------------|-----|--------------|
| 86 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | 2\77 | ERAGE COST | | | | .GE | COST PER |
| 00 EDIGIDDES | ODEIND | OR DAYS OF CARE | | ENLENDITORES | | R UNIT/DAY | | J | USER | | ELIGIBLE |
| @OPTOMETRIST | 3 | | \$ | 188.51 | \$ | 18.85 | .116 | Ś | 62.84 | Ś | 2.19 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | Υ | 39.44 | Υ | 39.44 | .012 | Ψ | 39.44 | 7 | .46 |
| EYE APPLIANCES | 3 | 9 | | 149.07 | | 16.56 | .105 | | 49.69 | | 1.73 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | \$ | .00 | \$ | .00 | .000 | Ġ | .00 | \$ | .00 |
| VISITS | 0 | 0 | Υ | .00 | Y | .00 | .000 | Y | .00 | Y | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 14 | | \$ | 22.49 | \$ | .90 | .291 | Ċ | 1.61 | Ċ | .26 |
| MEDICINE/INJECTIONS | 0 | 0 | Y | .00 | Y | .00 | .000 | Ÿ | .00 | Y | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 14 | 25 | | 22.49 | | .90 | .291 | | 1.61 | | .26 |
| @HOME HEALTH AGENCY | 0 | | \$ | .00 | Ś | .00 | | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | Υ ¢ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | • | 0 | ۲ د | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | ۲ خ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 7 | 23 | ۲ د | 4,871.80 | \$ | 211.82 | .267 | | 695.97 | | 56.65 |
| HOSP INPATIENT TOTAL | 2 | 3 | Y | 4,356.00 | ې | 1452.00 | .035 | ۲ | 2178.00 | ۲ | 50.65 |
| HSC HOSPITALS | 1 | 3 | | 3,480.00 | | 1160.00 | .035 | | 3480.00 | | 40.47 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 10.19 |
| INPATIENT CROSSOVERS | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL | 5 | 20 | | 515.80 | | 25.79 | .233 | | 103.16 | | 6.00 |
| MEDICAL | 2 | 3 | | 94.35 | | 31.45 | .233 | | 47.18 | | 1.10 |
| SURGERY | 1 | 1 | | 41.64 | | 41.64 | .012 | | 41.64 | | .48 |
| PATHOLOGY | 4 | 7 | | 69.05 | | 9.86 | .012 | | 17.26 | | .80 |
| | 4 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 3 | 6 | | 273.45 | | 45.58 | .070 | | 91.15 | | 3.18 |
| ROOM USE | - | | | | | | | | | | |
| CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL | 1 | 3 | \$ | 37.31 3,480.00 | ċ | 12.44 1160.00 | .035 | \$ | 18.66 3480.00 | ċ | .43 40.47 |
| | - | 3 | ڳ | 3,480.00 | Ą | 1160.00 | .035 | Ą | 3480.00 | ې | 40.47 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 3 | | · · | | | | | 3480.00 | | |
| HSC HOSPITALS | 0 | 0 | | 3,480.00 | | 1160.00 | .035 | | | | 40.47 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | - | · · · · · · · · · · · · · · · · · · · | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | - | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,191

03/14/05

FEE-FOR-SERVICE/DENTAL SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

MOP024

SOLANO COUNTY

| SOLANO COUNTY | SUMMARY OF SERV | /ICES FOR MN - L | ONG TE | CRM CARE - TOTAL | | | 140 | NIMITE | | |
|------------------------------|------------------|---|--------|-------------------|--------|------------|-------------|-------------|-----|-------------|
| 86 ELIGIBLES | USERS | UNITS OF SERVIC | c | EXPENDITURES | 7/17/2 | יסאכב כספת | UNITS/DAYS | NTHLY AVERA | AGE | COST PER |
| 00 ELIGIBLES | OSEKS | OR DAYS OF CAR | | EXPENDITORES | | | PER ELIG | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 6 | OR DATS OF CAR. | \$ | 1,391.80 | \$ | 69.59 | .233 | | | 16.18 |
| COMM HOSP INPATIENT TOTAL | 1 | 0 | Y | 876.00 | Y | .00 | .000 | 876.00 | Y | 10.19 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | | |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | - | | | | .00 | .000 | | | |
| TRANSITIONAL IP CARE | 9 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | | 876.00 | | .00 | .000 | 876.00 | | 10.19 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 5 | 20 | | 515.80 | | 25.79 | .233 | 103.16 | | 6.00 |
| MEDICAL | 2 | 3 | | 94.35 | | 31.45 | .035 | 47.18 | | 1.10 |
| SURGERY | 1 | 1 | | 41.64 | | 41.64 | .012 | 41.64 | | .48 |
| PATHOLOGY | 4 | 7 | | 69.05 | | 9.86 | .081 | 17.26 | | .80 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ROOM USE | 3 | 6 | | 273.45 | | 45.58 | .070 | 91.15 | | 3.18 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 3 1 7 0 6 3 1,082 229 853 | | 37.31 | | 12.44 | .035 | 18.66 | | .43 |
| @STATE HOSPITAL | 36 | 1,082 | \$ | 568,983.13 | \$ | 525.86 | 12.581 | \$ 15805.09 | \$ | 6616.08 |
| MENTALLY ILL | 8 | 229 | | 137,085.12 | | 598.62 | 2.663 | 17135.64 | | 1594.01 |
| DEVELOP. DISABLED | 28 | 853 | | 431,898.01 | | 506.33 | 9.919 | 15424.93 | | 5022.07 |
| @NURSING FACILITY | 82 | 2,884 | \$ | 419,116.39 | \$ | 145.32 | 33.535 | \$ 5111.18 | \$ | 4873.45 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 6 | 241 | | 131,116.87 | | 544.05 | 2.802 | 21852.81 | | 1524.61 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 76 | 2,643 | | 287,999.52 | | 108.97 | 30.733 | 3789.47 | | 3348.83 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | \$ | .00 |
| ICF DDH | 0 | 0 | т | .00 | т | .00 | .000 | .00 | Τ. | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | Ś | .00 | Ś | .00 | .000 | | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | ۲ | .00 | ۲ | .00 | .000 | .00 | ې | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | Ś | .00 | Ś | .00 | .000 | | ċ | .00 |
| @REHABILITATION FACILITY | 0 | 0 | Ş | | Ş | | | | \$ | |
| HOSPITAL BASED | 0 | • | | .00 | | .00 | .000 | .00 | | .00 |
| INDEPENDENT FACILITY | - | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | \$ | .00 |
| PATHOLOGY | • | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | _ | .00 | | .00 | .000 | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 5 | 6 | Ş | 1,174.74 | \$ | 195.79 | .070 | | \$ | 13.66 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RURAL HEALTH CLINIC | 5 | 6 | | 1,174.74 | | 195.79 | .070 | 234.95 | | 13.66 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITU | RES MC | NTH-OF-PAYMENT RI | EPORI | FOR JAN 2 | 2004 THRU D | EC 2004 | E | PAGE 15,192 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | 03/14/05 |
| COLANO COLIMEN | CLIMMADA OF CEDI | TORC FOR MNI I | ONC DE | TAMOR GARA MAR | | | | | | |

| 86 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | UNITS/DAY | COST PER | COST PER |
|--------------------------------|-------|------------------|-------------------|--------------|-----------|--------------|--------------|
| | | OR DAYS OF CARE | | UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 172 | 24,709 | \$ 20,461.75 | \$.83 | 287.314 | \$ 118.96 | \$ 237.93 |
| DURABLE MED. EQUIP. | 10 | 146 | 5 , 504.35 | 37.70 | 1.698 | 550.44 | 64.00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 1 | 2 | 54.79 | 27.40 | .023 | 54.79 | .64 |
| MEDICAL TRANSPORTATION | 9 | 88 | 999.65 | 11.36 | 1.023 | 111.07 | 11.62 |
| AMBULANCES/AIR TRANS | 7 | 27 | 793.04 | 29.37 | .314 | 113.29 | 9.22 |
| OTHER TRANS | 4 | 61 | 206.61 | 3.39 | .709 | 51.65 | 2.40 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 80 | 175 | 2,210.46 | 12.63 | 2.035 | 27.63 | 25.70 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 2 | 6 | 289.18 | 48.20 | .070 | 144.59 | 3.36 |
| HOSPICE SERVICES | 2 | 43 | 3,715.49 | 86.41 | .500 | 1857.75 | 43.20 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 2 | 5 | 51.36 | 10.27 | .058 | 25.68 | .60 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 74 | 24,244 | 7,636.47 | .31 | 281.907 | 103.20 | 88.80 |
| @CALIF. CHILDREN SERVICES* | 1 | 66 | \$ 39.41 | \$.60 | .767 | \$ 39.41 | \$.46 |
| @XOVER EXCLUDING STATE HOSP** | 25 | 31 | \$ 13,528.94 | \$ 436.42 | .360 | \$ 541.16 | \$ 157.31 |

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,193
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

| BOLLING COOMII | CONTRACT OF CHICAGO FOR THE DICTION NODE | | | | | | | |
|---------------------------|--|-----------------|----|--------------|--------------|------------|-------------|------------|
| | | | | | | MO | NTHLY AVERA | GE |
| 133 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 2,904 | 20,255 | \$ | 901,991.13 | \$ 44.53 | 152.293 | \$ 310.60 | \$ 6781.89 |
| @PHYSICIANS SERVICES | 28 | 63 | \$ | 1,510.56 | \$ 23.98 | .474 | \$ 53.95 | \$ 11.36 |
| OUTPATIENT VISITS | 17 | 22 | | 769.70 | 34.99 | .165 | 45.28 | 5.79 |
| OFFICE VISITS | 16 | 21 | | 725.10 | 34.53 | .158 | 45.32 | 5.45 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | | 44.60 | 44.60 | .008 | 44.60 | .34 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 1 | | 13.70 | 13.70 | .008 | 13.70 | .10 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 1 | 1 | | 13.70 | 13.70 | .008 | 13.70 | .10 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | | 114.15 | 38.05 | .023 | 38.05 | .86 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS | 3 | 3 | 114.15 | 38.05 | .023 | 38.05 | .86 | |
|----------------------------|-------------------|--------------------|----------------------|---------------|---------------|------------|-------------|--|
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OUTPATIENT SURGERY | 1 | 2 | 204.95 | 102.48 | .015 | 204.95 | 1.54 | |
| PRINCIPAL SURGEON | 1 | 2 2 | 204.95 | 102.48 | .015 | 204.95 | 1.54 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIOLOGY | 3 | 4 | 100.79 | 25.20 | .030 | 33.60 | .76 | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES/ALL X-OVERS | 12 | 31 | 307.27 | 9.91 | .233 | 25.61 | 2.31 | |
| @PHARMACY | 916 | | \$ 227,939.15 | | 33.857 \$ | | | |
| PRESCRIPTION DRUGS | 876 | 1,869 | 225,302.46 | 120.55 | 14.053 | 257.19 | 1694.00 | |
| SNF/ICF | 521 | 1,235 | 145,598.59 | 117.89 | 9.286 | 279.46 | 1094.73 | |
| OUTPATIENTS | 363 | 634 | 79,703.87 | | 4.767 | 219.57 | 599.28 | |
| MEDICAL SUPPLIES | 42 | 2,634 | 2,636.69 | 1.00 | 19.805 | 62.78 | 19.82 | |
| @DENTIST | 1,132 | • | \$ 201,694.10 | | 32.564 \$ | | \$ 1516.50 | |
| VISITS - DIAGNOSTIC | 791 | 2,836 | 35,679.30 | 12.58 | 21.323 | 45.11 | 268.27 | |
| ORAL SURGERY | 161 | 579 | 28,004.90 | 48.37 | 4.353 | 173.94 | 210.56 | |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIA | 3 | 3 | 200.00 | 66.67 | .023 | 66.67 | 1.50 | |
| PERIODONTICS | 65 | 70 | 5,140.75 | 73.44 | .526 | 79.09 | 38.65 | |
| ENDODONTICS | 17 | 24 | 4,467.00 | 186.13 | .180 | 262.76 | 33.59 | |
| RESTORATIVE DENTISTRY | 124 | 260 | 17,000.65 | 65.39 | 1.955 | 137.10 | 127.82 | |
| PROSTHETICS | 8 | 9 | 368.50 | 40.94 | .068 | 46.06 | 2.77 | |
| DENTURES, STAYPLATES | 251 | 542 | 110,833.00 | 204.49 | 4.075 | 441.57 | 833.33 | |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER SERVICES | 16 | 8 | .00 | .00 | .060 | .00 | .00 | |
| #CALIF DEPT OF HEALTH SERV | | • | S MONTH-OF-PAYMENT F | | | | PAGE 15,194 | |
| MOP024 | FEE-FOR-SERVICE | | 5 MONTH OF TATMENT I | MIONI FON OAN | 2004 IIIKO DE | C 2004 | 03/14/05 | |
| SOLANO COUNTY | | ICES FOR MEDICALL | V NEEDV - ACED | | | | 03/14/03 | |
| SOLIMO COOMII | DOLUMENT OF DELLA | TODO FOR PROJUCALL | I MEEDI AGED | | MON | THIY AVERA | GE | |
| 133 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER | |
| 100 111011110 | ODLIND | OR DAYS OF CARE | | | PER ELIG | | ELIGIBLE | |

| 133 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ERAGE COST | UNITS/DAY PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|-------------|-----------------------|------------------|----------------------|
| @OPTOMETRIST | 3 | 9 | \$ 159.33 | \$ 17.70 | | \$ | \$ 1.20 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 3 | 9 | 159.33 | 17.70 | .068 | 53.11 | 1.20 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 12 | 21 | \$ 11.83 | \$.56 | .158 | \$.99 | \$.09 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 12 | 21 | 11.83 | .56 | .158 | .99 | .09 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
|------------------------------|---|----|----------------|--------------|------|--------------|-------------|
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 8 | 16 | \$ 2,386.22 | \$ 149.14 | .120 | \$ 298.28 | \$ 17.94 |
| HOSP INPATIENT TOTAL | 2 | 0 | 1,752.00 | .00 | .000 | 876.00 | 13.17 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 0 | 1,752.00 | .00 | .000 | 876.00 | 13.17 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 6 | 16 | 634.22 | 39.64 | .120 | 105.70 | 4.77 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 3 | 4 | 155.55 | 38.89 | .030 | 51.85 | 1.17 |
| ROOM USE | 3 | 3 | 116.75 | 38.92 | .023 | 38.92 | .88 |
| CROSSOVERS/ALL OTH OUTPINT | 3 | 9 | 361.92 | 40.21 | .068 | 120.64 | 2.72 |
| @COUNTY HOSPITAL TOTAL | 1 | 1 | \$ 214.23 | \$ 214.23 | .008 | \$ 214.23 | \$ 1.61 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| CO HOSP OUTPATIENT TOTAL | 1 | 1 | 214.23 | 214.23 | .008 | 214.23 | 1.61 |
|----------------------------|----------------------|----------------|-------------------------|---------|---------------|--------|-------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 214.23 | 214.23 | .008 | 214.23 | 1.61 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DEC | 2004 | PAGE 15,195 |
| MOP024 | FEE-FOR-SERVICE/DENT | AL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR MEDICALLY | NEEDY - AGED | | | | |

| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR | MEDICALI | Y NE. | EDY - AGED | | | M | O N T F | | C E | |
|---|-----------------|----------|----------|-------|--------------|----|------------|--------|---------|------------|----------|----------|
| 122 | Hanna | | 0=D11=0= | | | | | | | THLY AVERA | GE. | |
| 133 ELIGIBLES | USERS | UNITS OF | - | | EXPENDITURES | | ERAGE COST | / | | | | COST PER |
| 0.000,000,000,000,000,000,000,000,000,0 | 7 | OR DAYS | | Ġ. | 0 171 00 | | R UNIT/DAY | | | USER | <u> </u> | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 7 | | 15 | \$ | 2,171.99 | \$ | 144.80 | .113 | Ş | 310.28 | Ş | 16.33 |
| COMM HOSP INPATIENT TOTAL | 2 | | 0 | | 1,752.00 | | .00 | .000 | | 876.00 | | 13.17 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 2 | | 0 | | 1,752.00 | | .00 | .000 | | 876.00 | | 13.17 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 5 | | 15 | | 419.99 | | 28.00 | .113 | | 84.00 | | 3.16 |
| MEDICAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 3 | | 4 | | 155.55 | | 38.89 | .030 | | 51.85 | | 1.17 |
| ROOM USE | 3 | | 3 | | 116.75 | | 38.92 | .023 | | 38.92 | | .88 |
| CROSSOVERS/ALL OTH OUTPINT | 2 | | 8 | | 147.69 | | 18.46 | .060 | | 73.85 | | 1.11 |
| @STATE HOSPITAL | 8 | | 229 | \$ | 137,085.12 | \$ | | 1.722 | \$ | 17135.64 | \$ | 1030.72 |
| MENTALLY ILL | 8 | | 229 | | 137,085.12 | | 598.62 | 1.722 | | 17135.64 | | 1030.72 |
| DEVELOP. DISABLED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 59 | 1 | , 938 | \$ | 199,753.11 | \$ | 103.07 | 14.571 | \$ | 3385.65 | \$ | 1501.90 |
| LEV A-INTERMEDIATE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 59 | 1 | .,938 | | 199,753.11 | | 103.07 | 14.571 | | 3385.65 | | 1501.90 |
| @INTERMEDIATE CARE FACILDD | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Ś | | Ś | .00 |
| ICF DDH | 0 | | Ö | 7 | .00 | - | .00 | .000 | т | .00 | - | .00 |
| ICF DD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | ¢ | .00 | Ś | .00 |
| HOSPITAL BASED | 0 | | 0 | ۲ | .00 | Y | .00 | .000 | ۲ | .00 | Y | .00 |
| HEMODIALYSIS CENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | Ś | .00 |
| HOSPITAL BASED | 0 | | 0 | ٧ | .00 | ې | .00 | .000 | ۲ | .00 | ۲ | .00 |
| INDEPENDENT FACILITY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 16 | \$ | 177.55 | \$ | 11.10 | .120 | ċ | 88.78 | ċ | 1.33 |
| @LABORATORY FACILITY | 2 | | | Ş | | Ą | | | Ş | | Ş | |
| PATHOLOGY | 2 | | 16 | | 177.55 | | 11.10 | .120 | | 88.78 | | 1.33 |
| XO AND OTHERS | • | | 0 | ć | .00 | ć | .00 | .000 | Ċ | .00 | <u>_</u> | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 269 | | 546 | \$ | 26,891.96 | \$ | 49.25 | 4.105 | Ş | 99.97 | \$ | 202.20 |
| CLINIC | 12 | | 180 | | 3,461.40 | | 19.23 | 1.353 | | 288.45 | | 26.03 |

 0
 .00
 .00
 .000
 .00
 .00

 0
 .00
 .00
 .000
 .00
 .00

 366
 23,430.56
 64.02
 2.752
 91.17
 176.17

 SURGICENTER 0 HEROIN DETOX CLINIC 0 RURAL HEALTH CLINIC 257 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,196 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

| | | | | | | M | ONTHLY AVER | AGE | |
|----------------------------------|-----------------|------------------|------|--------------|--------------|-----------|-------------|-----|----------|
| 133 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAY | S COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 710 | 8 , 583 | \$ | 104,382.20 | \$ 12.16 | 64.534 | \$ 147.02 | \$ | 784.83 |
| DURABLE MED. EQUIP. | 8 | 159 | | 3,378.12 | 21.25 | 1.195 | 422.27 | | 25.40 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 1 | 2 | | 54.79 | 27.40 | .015 | 54.79 | | .41 |
| MEDICAL TRANSPORTATION | 1 | 4 | | 37.90 | 9.48 | .030 | 37.90 | | .28 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER TRANS | 1 | 4 | | 37.90 | 9.48 | .030 | 37.90 | | .28 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 15 | 185 | | 12,893.18 | 69.69 | 1.391 | 859.55 | | 96.94 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 221 | 665 | | 69,413.80 | 104.38 | 5.000 | 314.09 | | 521.91 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 423 | 920 | | 11,379.02 | 12.37 | 6.917 | 26.90 | | 85.56 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 2 | 6 | | 289.18 | 48.20 | .045 | 144.59 | | 2.17 |
| HOSPICE SERVICES | 2 | 43 | | 3,715.49 | 86.41 | .323 | 1857.75 | | 27.94 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 2 | 7 | | 72.80 | 10.40 | .053 | 36.40 | | .55 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 46 | 6 , 592 | | 3,147.92 | .48 | 49.564 | 68.43 | | 23.67 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 28 | 50 | \$ | 11,217.71 | \$ 224.35 | .376 | \$ 400.63 | \$ | 84.34 |
| A* TOTATO IN THESE IINES ARE CIT | TENT AC A CEDAE | NOTE THEODMATION | ТТЕМ | ONT V • | | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SOLANO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,197 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND SOLANO COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE 16,074.18 \$ 272.44 .000 \$ 487.10 \$.00 OR DAYS OF CARE 59 \$ 0 \$ @TOTAL, ALL PROVIDERS 33 10,074.16 \$ 272.44 .000 \$ 487.10 \$.000 \$.00 \$ 0 .00 @PHYSICIANS SERVICES 0 .00 OUTPATIENT VISITS 0 Ö OFFICE VISITS . 00 0 .00 HOME VISITS EMERGENCY ROOM 0 0 .00 0 0 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00

| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------|---------------------|--------------------|-----------------|-----------------|--------------|-------------|
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| OPHTHALMOLOGICAL SERVICES | 0 | U | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| ASSISTANT SURGEON | • | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 22 | 41 \$ | 15,250.45 | \$ 371.96 | .000 \$ | | |
| | 22 | 41 | | · | | 693.20 | · |
| PRESCRIPTION DRUGS | | | 15,250.45 | 371.96 | .000 | | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 22 | 41 | 15,250.45 | 371.96 | .000 | 693.20 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 5 | 8 \$ | 295.00 | \$ 36.88 | .000 \$ | 59.00 | \$.00 |
| VISITS - DIAGNOSTIC | 4 | 5 | 40.00 | 8.00 | .000 | 10.00 | .00 |
| ORAL SURGERY | 1 | 3 | 255.00 | 85.00 | .000 | 255.00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | Ü | U | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | | | | |
| | • | <u> </u> | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES | MONTH-OF-PAYMENT R | EPORT FOR JAN 2 | UU4 THRU DE | C 2004 | PAGE 15,198 |
| MOP024 | FEE-FOR-SERVICE | • | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MEDICALLY | NEEDY - BLIND | | | | |
| | | | | | MON | ITHLY AVERAG | E |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | | | | | | | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | | | | | | 0.0 | |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 0 \$ | .00 | .00 \$.00 | .000 .000 \$ | | |

| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|------------------------------|-----------------|---------------------|---------|-----------------|--------------|--------------|-------------|-------------|
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 9 | c | .00 | | | | |
| @HOME HEALTH AGENCY | 0 | | ې د | | \$.00 | .000 \$ | | |
| NURSE ANESTHESIST | U | 0 5 | > | .00 | \$.00 | .000 \$ | | \$.00 |
| NURSE MIDWIFE | 0 | 0 5 | Ş | .00 | \$.00 | .000 \$ | | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 9 | \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 5 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 \$ | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | | | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | | .00 | .000 | | .00 |
| ALL OTHER ACCOM | U | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | Ü | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | Ċ. | | | | | |
| @COUNTY HOSPITAL TOTAL | U | | \$ | .00 | \$.00 | .000 \$ | | |
| CO HOSPITAL INPATIENT TOTAL | Ü | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | .00 | .000 | .00 | |
| MEDICAL | 0 | 0 | | | | | | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | U | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | O | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES | S MONTH | H-OF-PAYMENT RE | PORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,199 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MEDICALLY | Y NEEDY | Y - BLIND | | | | |
| | | | | | | MON | THLY AVERAG | GE |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | | COST PER |
| 00 221012220 | 00210 | OR DAYS OF CARE | | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | | \$ | .00 | \$.00 | .000 \$ | | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | т | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | | |
| HSC HOSPITALS | | | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | | |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|---|---|-----------|-----------|------|-----------|-----------|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|-----------------|------------------------|-------------------|-----------------|--------------|------------|-------------|
| @LABORATORY FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 7 | 9 \$ | 521.24 | \$ 57.92 | .000 \$ | | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 7 | 9 | 521.24 | 57.92 | .000 | 74.46 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | ES AND EXPENDITURES MO | NTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 15,200 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MEDICALLY NE | EDY - BLIND | | | | |
| | | | | | MON | THLY AVERA | GE |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 1 | 1 \$ | 7.49 | \$ 7.49 | .000 \$ | 7.49 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

0

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,201
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

0

1

.00

.00

.00

.00 \$

.00 \$

7.49

.00

.00

.00

7.49

.00

.00

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00 \$

.00 \$

7.49

.00

.00

.00

.00

.00

.00

| | | | | | | | MOI | NTHLY AVERA | GE | |
|-----------------------|-------|-----------------|----|--------------|------|-----------|------------|-------------|-------------|--|
| 168 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVE: | RAGE COST | UNITS/DAYS | COST PER | COST PER | |
| | | OR DAYS OF CAR | E | | PER | UNIT/DAY | PER ELIG | USER | ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 2,914 | 40,807 | \$ | 2,396,097.70 | \$ | 58.72 | 242.899 | 822.27 | \$ 14262.49 | |
| @PHYSICIANS SERVICES | 75 | 331 | \$ | 10,540.60 | \$ | 31.84 | 1.970 | 140.54 | \$ 62.74 | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OPTICATION VISITS 13 14 778.50 51.32 0.83 55.7 4.28 OFFICE VISITS 5 6 171.00 25.00 0.03 34.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 | | | | | | | | | | | | |
|--|---|-----------------|-------------------|------|--------------------|--------|-------------|-----------|------|-----------|----|------------|
| MOMENY NETTS | OUTPATIENT VISITS | 13 | 14 | | 718.50 | | 51.32 | .083 | | 55.27 | | 4.28 |
| PREMEMBRINGY ROOM | OFFICE VISITS | 5 | 6 | | 171.00 | | 28.50 | .036 | | 34.20 | | 1.02 |
| PREMISTATY CAME | HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRENCHTYLY CARE | EMERGENCY ROOM | 9 | 8 | | | | | | | | | |
| OTHER COMPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | | | | | | | |
| OPTION CUTPATIENT | | • | | | | | | | | | | |
| THE PATTERNY VISITES | , | • | | | | | | | | | | |
| NOSPITAL VISITS | | | | | | | | | | | | |
| CRITICAL CARE SNP/ICFYRANS IP CARE 6 | | | | | | | | | | | | |
| SMP/ICE/TRANS F CARE | | | | | | | | | | | | |
| CHITHALMOLOGICAL SERVICES | | | | | | | | | | | | |
| SERVICES AND MATERIALS 0 | SNF/ICF/TRANS IP CARE | | | | 137.20 | | 17.15 | .048 | | 22.87 | | .82 |
| SERVICES AND MATERIALS | OPHTHALMOLOGICAL SERVICES | | | | .00 | | .00 | .000 | | .00 | | .00 |
| NEATLENT HOSSITAL SURGERY 5 | EXAMINATIONS | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NEATLENT HOSSITAL SURGERY 5 | SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON 2 | | | | | | | | | | | | |
| ANSSISTANT SURGEON 1 1 1 283.29 25.75 .065 141.65 16.99 ANSSISTANT SURGEON 6 7 620.10 88.59 .042 103.35 3.69 PRINCIPLAL SURGEON 6 7 620.10 88.59 .042 103.35 3.69 PRINCIPLAL SURGEON 0 0 0 0.00 .000 .000 .000 .000 ANSSISTANT SURGEON 0 0 0 0.00 .000 .000 .000 .000 ANSSISTANT SURGEON 0 0 0 0.00 .000 .000 .000 .000 ANSSISTANT SURGEON 0 0 0 0.00 .000 .000 .000 .000 .000 PATHOLOGY 16 118 904.31 7.66 .702 56.52 5.38 RADIOLOGY 16 118 904.31 7.66 .702 56.52 5.38 RADIOLOGY 16 118 904.31 7.66 .702 56.52 5.38 RADIOLOGY 13 54 2.874.54 53.23 3.21 221.12 17.11 PSYCHIATRY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 1 1 1 5.45 5.55 5.45 .006 5.45 .03 OTHER SERVICES/ALL X-OVERS 42 70 2.068.97 29.56 .417 49.26 12.32 EPHARMACY 1,774 5.669 \$ 1,092,238.02 \$ 192.67 33.744 \$ 633.55 \$ 6501.42 PRESCRIPTION DRUGS 1,692 4,266 1,098,481.7 255.99 25.393 643.90 6488.01 SNF/ICF 321 1,1174 154,647.25 131.73 6.988 481.77 920.52 OUTPATIENTS 1,378 3,092 334,842 302.34 18.05 678.40 5564.49 MEDICAL SUPPLIES 40 1,403 2.755.85 1.96 8.351 68.90 16.40 VISITS - DIAGNOSTIC 522 2,231 25,763.70 11.55 13.280 49.36 153.36 VISITS - DIAGNOSTIC 522 2,231 25,763.70 11.55 13.280 49.36 153.36 VISITS - DIAGNOSTIC 522 2,231 25,763.70 11.55 13.280 49.36 153.36 ORAL SURGEON 54 60 5.990 99.99 99.99 33.371 .224 332.34 12.46 .05 50.29 PESCRIPTINES 88 261 34,526.00 132.28 15.54 392.34 100.57 124.67 PROSCRIPTINES 88 261 34,526.00 132.28 15.54 392.34 20.55 10.06 50.29 PESCRIPTINES 88 261 34,526.00 132.28 15.55 392.34 20.00 .00 .00 .00 .00 .00 .00 .00 .00 . | | | | | | | | | | | | |
| AMESTHESICLOCIST | | 1 | | | | | | | | | | |
| OUTPATTENT SURGENY 6 | | | | | | | | | | | | |
| PRINCIPAL SURGEON | | 2 | | | | | | | | | | |
| ASSISTANT SUGGEON AND STREES LOLOGIST 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 | | 6 | | | | | | | | | | |
| DIALYSIS 0 0 0 0.00 .00 .000 .000 .000 .000 . | | | | | | | | | | | | |
| DALLYSIS 0 | | | 0 | | | | | | | | | |
| PATHOLOGY | ANESTHESIOLOGIST | | | | | | | .000 | | | | |
| PAUTOLOGY 13 | DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY 0 | PATHOLOGY | 16 | 118 | | 904.31 | | 7.66 | .702 | | 56.52 | | 5.38 |
| PSYCHIATRY 0 | RADIOLOGY | 13 | 54 | | 2,874.54 | | 53.23 | .321 | | 221.12 | | 17.11 |
| MINIMIZATION AND INJECTION 1 | PSYCHIATRY | 0 | 0 | | , 00 | | | | | .00 | | .00 |
| ## SERVICES/ALL X-OVERS | | - | | | | | | | | | | |
| PRESCRIPTION DRUGS | | | | | | | | | | | | |
| SNP/ICF | | 1 721 | | Ċ | | Ċ | | | ċ | | Ċ | |
| SNF/ICF | • | 1,724 | | ې | | ۲ | | | ې | | ۲ | |
| COMPATIENTS | | | • | | | | | | | | | |
| MEDICAL SUPPLIES | | | - | | • | | | | | | | |
| VISITS - DIAGNOSTIC ORAL SURGERY ORAL SURGERY 111 427 18,829.25 44.10 2.542 169.63 112.08 DRUGS 1 3 .00 .00 .018 .00 .00 ANESTHESIA 6 6 6 6 600.00 100.00 .036 100.00 3.57 PERIODONTICS 54 60 5,909.00 98.48 .357 109.43 35.17 ENDODORTICS 24 36 8,449.50 234.71 214 352.06 50.29 RESTORATIVE DENTISTRY 149 364 20,944.80 57.54 2.167 140.57 124.67 PROSTHETICS 58 261 34,526.00 132.28 1.554 392.34 205.51 SPACE MAINTAINERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | OUTPATIENTS | 1,378 | | | | | | | | | | |
| VISITS - DIAGNOSTIC ORAL SURGERY ORAL SURGERY 111 427 18,829.25 44.10 2.542 169.63 112.08 DRUGS 1 3 .00 .00 .018 .00 .00 ANESTHESIA 6 6 6 6 600.00 100.00 .036 100.00 3.57 PERIODONTICS 54 60 5,909.00 98.48 .357 109.43 35.17 ENDODORTICS 24 36 8,449.50 234.71 214 352.06 50.29 RESTORATIVE DENTISTRY 149 364 20,944.80 57.54 2.167 140.57 124.67 PROSTHETICS 58 261 34,526.00 132.28 1.554 392.34 205.51 SPACE MAINTAINERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | MEDICAL SUPPLIES | 40 | | | | | | | | | | |
| VISITS - DIAGNOSTIC ORAL SURGERY ORAL SURGERY 111 427 18,829.25 44.10 2.542 169.63 112.08 DRUGS 1 3 .00 .00 .018 .00 .00 ANESTHESIA 6 6 6 6 600.00 100.00 .036 100.00 3.57 PERIODONTICS 54 60 5,909.00 98.48 .357 109.43 35.17 ENDODORTICS 24 36 8,449.50 234.71 214 352.06 50.29 RESTORATIVE DENTISTRY 149 364 20,944.80 57.54 2.167 140.57 124.67 PROSTHETICS 58 261 34,526.00 132.28 1.554 392.34 205.51 SPACE MAINTAINERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | @DENTIST | 713 | 3 , 409 | \$ | 115,292.25 | \$ | 33.82 | | \$ | | \$ | 686.26 |
| ORAL SURGERY DRUGS DRUGS 1 3 0.00 .00 .018 .00 .00 ANESTHESIA 6 6 6 600.00 100.00 .036 100.00 3.57 PERIODONTICS PERIODONTICS 24 36 8,449.50 234.71 .214 352.06 50.29 RESTORATIVE DENTISTRY 149 364 20,944.80 57.54 2.167 140.57 124.67 PROSTHETICS 10 11 270.00 24.55 .065 27.00 1.61 DENTURES, STAYPLATES 88 261 34,526.00 132.28 1.554 392.34 205.51 SPACE MAINTAINERS 0 0 0 0.00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0.00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 0.00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 0.00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,202 MOPO24 SOLANO COUNTY SUMMARY OF SERVICE FOR MEDICALLY NEEDY - DISABLED #COPTOMETRIST 6 19 \$ 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 #COPTOMETRIST 6 19 \$ 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 | VISITS - DIAGNOSTIC | 522 | 2,231 | | 25,763.70 | | 11.55 | 13.280 | | 49.36 | | 153.36 |
| ANESTHESIA 6 6 6 600.00 100.00 .036 100.00 3.57 PERIODONTICS 54 60 5,909.00 98.48 .357 109.43 35.17 ENDODONTICS 24 36 8,449.50 234.71 .214 352.06 50.29 RESTORATIVE DENTISTRY 149 364 20,944.80 57.54 2.167 140.57 124.67 PROSTHETICS 10 11 270.00 24.55 .065 27.00 1.61 DENTURES, STAYPLATES 88 261 34,526.00 132.28 1.554 392.34 205.51 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,202 MOPO24 SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED 168 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE | ORAL SURGERY | 111 | 427 | | 18,829.25 | | 44.10 | 2.542 | | 169.63 | | 112.08 |
| ANESTHESIA 6 6 6 600.00 100.00 .036 100.00 3.57 PERIODONTICS 54 60 5,909.00 98.48 .357 109.43 35.17 ENDODONTICS 24 36 8,449.50 234.71 .214 352.06 50.29 RESTORATIVE DENTISTRY 149 364 20,944.80 57.54 2.167 140.57 124.67 PROSTHETICS 10 10 11 270.00 24.55 0.65 27.00 1.61 DENTURES, STAYPLATES 88 261 34,526.00 132.28 1.554 392.34 205.51 SPACE MAINTAINERS 0 0 0 0 .00 0.00 0.00 0.00 0.00 MAXILLOFACIAL SERVICES 0 0 0 0 0.00 0.00 0.00 0.00 FRACTURES, DISLOCATIONS 0 0 0 0.00 0.00 0.00 0.00 ALL OTHER SERVICES 0 0 0 0 0.00 0.00 0.00 0.00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,202 MOPO24 SOLANO COUNTY SUMMARY OF SERVICE SFOR MEDICALLY NEEDY - DISABLED #MEDI-CAL SERVICES FOR OR DAYS OF CARE OR | DRUGS | 1 | 3 | | .00 | | .00 | .018 | | .00 | | .00 |
| PERIODONTICS | ANESTHESIA | 6 | 6 | | 600.00 | | | .036 | | 100.00 | | 3.57 |
| ENDODONTICS 24 36 8,449.50 234.71 .214 352.06 50.29 RESTORATIVE DENTISTRY 149 364 20,944.80 57.54 2.167 140.57 124.67 PROSTHETICS 10 11 270.00 24.55 .065 27.00 1.61 DENTURES, STAYPLATES 88 261 34,526.00 132.28 1.554 392.34 205.51 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,202 MOPO24 MOPO24 SUMMARY OF SERVICE FOR MEDICALLY NEEDY - DISABLED 168 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE OR DAYS OF CARE 6 19 \$ 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 | | 5.4 | 60 | | | | | | | | | |
| RESTORATIVE DENTISTRY 149 364 20,944.80 57.54 2.167 140.57 124.67 PROSTHETICS 10 11 270.00 24.55 .065 27.00 1.61 DENTURES, STAYPLATES 88 261 34,526.00 132.28 1.554 392.34 205.51 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | | 2.4 | | | | | | | | | | |
| PROSTHETICS 10 11 270.00 24.55 .065 27.00 1.61 DENTURES, STAYPLATES 88 261 34,526.00 132.28 1.554 392.34 205.51 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,202 MOPO24 FEE-FOR-SERVICE/DENTAL | | 1 / 9 | | | | | | | | | | |
| DENTURES, STAYPLATES 88 261 34,526.00 132.28 1.554 392.34 205.51 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | | | | | • | | | | | | | |
| SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 </td <td></td> | | | | | | | | | | | | |
| MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .000 .00 | • | | | | · | | | | | | | |
| FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0 | | • | | | | | | | | | | |
| ORTHODONTIC SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | | | | | | | |
| ALL OTHER SERVICES 8 10 .00 .00 .00 .00 .00 .00 .00 .00 .00 | FRACTURES, DISLOCATIONS | | | | | | .00 | .000 | | | | .00 |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,202 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED 168 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6 19 \$ 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 | ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MOPO24 SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED 168 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE 6 19 \$ 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 | ALL OTHER SERVICES | 8 | 10 | | .00 | | .00 | .060 | | .00 | | .00 |
| SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED MONTHLY AVERAGE 168 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE OR DAYS OF CARE OPTOMETRIST 6 19 \$ 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 | #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITUR | ES I | MONTH-OF-PAYMENT I | REPORT | r for jan 2 | 2004 THRU | DEC | 2004 | P | AGE 15,202 |
| MONTHLY AVERAGE 168 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OPTOMETRIST 6 LYPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 | MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| MONTHLY AVERAGE 168 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OPTOMETRIST 6 LYPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 | SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MEDICAL | LY I | NEEDY - DISABLED | | | | | | | |
| 168 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE COPTOMETRIST 6 19 \$ 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 | | | | | | | | M | ONTI | HLY AVERA | GE | |
| OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 6 19 \$ 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 | 168 FLIGIBLES | HSERS | UNITS OF SERVICE | | EXPENDITIERS | Δ\/I | ERAGE COST | | | | | |
| @OPTOMETRIST 6 19 \$ 400.23 \$ 21.06 .113 \$ 66.71 \$ 2.38 | 100 11101111111111111111111111111111111 | ODEINO | | | 771 711 D I I OLED | | | | | | | |
| | A ∩ DT ∩ METD T CT | 6 | | | 400 22 | | | | | | | |
| DIAGNOSITE AND ANC. FROCED 4 4 181./9 45.45 .024 45.45 1.08 | | | | ې | | Ą | | | ٻ | | Ą | |
| | DIAGNOSTIC AND ANC. PROCED | 4 | 4 | | 181./9 | | 43.45 | .∪∠4 | | 43.43 | | 1.08 |

| EYE APPLIANCES | 6 | 1 5 | | 218.44 | | 14.56 | 000 | | 26 11 | | 1.30 |
|------------------------------|-------------------------|------------|---------|----------------|----------|-----------|-----------|----------|---------|----------|------------|
| | 0 | 15 0 | | .00 | | .00 | .089 | | 36.41 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | Ċ | | Ċ | .00 | .000 | | .00 | ċ | |
| @CHIROPRACTOR | 0 | | \$ | .00 | \$ | | | | | Þ | .00 |
| VISITS | - | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | _ | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 5 | 25 | \$ | 105.27 | \$ | 4.21 | .149 | Ş | 21.05 | Ş | .63 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 5 | 25 | | 105.27 | | 4.21 | .149 | | 21.05 | | .63 |
| @HOME HEALTH AGENCY | 2 | 7 | \$ | 524.02 | \$ | 74.86 | .042 | \$ | 262.01 | | 3.12 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | | .00 |
| @TOTAL HOSPITAL | 46 | 464 | \$ | 362,099.07 | \$ | 780.39 | 2.762 | \$ 7 | 7871.72 | | 2155.35 |
| HOSP INPATIENT TOTAL | 16 | 110 | | 350,853.43 | | 3189.58 | .655 | | L928.34 | | 2088.41 |
| HSC HOSPITALS | 2 | 6 | | 6,705.00 | | 1117.50 | .036 | | 3352.50 | | 39.91 |
| NON-HSC HOSPITAL TOTAL | 13 | 104 | | 342,432.43 | | 3292.62 | .619 | | 5340.96 | | 2038.29 |
| ACCOMMODATIONS | 13 | 104 | | 70,055.86 | | 673.61 | .619 | | 5388.91 | | 417.00 |
| ADMINISTRATIVE DAYS | 1 | 11 | | 2,544.30 | | 231.30 | .065 | | 2544.30 | | 15.14 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 12 | 93 | | 67,511.56 | | 725.93 | .554 | | 5625.96 | | 401.85 |
| ANCILLARIES | 13 | 0 | | 272,376.57 | | .00 | .000 | | 0952.04 | | 1621.29 |
| INPATIENT CROSSOVERS | 1 | 0 | | 1,716.00 | | .00 | .000 | | L716.00 | | 10.21 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 32 | 354 | | 11,245.64 | | 31.77 | 2.107 | | 351.43 | | 66.94 |
| | 9 | 23 | | 840.38 | | 36.54 | .137 | | 93.38 | | 5.00 |
| MEDICAL SURGERY | 1 | 1 | | 41.64 | | 41.64 | .006 | | 41.64 | | .25 |
| | 12 | 45 | | 479.27 | | 10.65 | .268 | | 39.94 | | 2.85 |
| PATHOLOGY | 5 | 7 | | | | | | | | | |
| RADIOLOGY | 13 | | | 756.85 | | 108.12 | .042 | | 151.37 | | 4.51 |
| ROOM USE | | 21 | | 875.44 | | 41.69 | .125 | | 67.34 | | 5.21 |
| CROSSOVERS/ALL OTH OUTPINT | 19 | 257 | ۵ | 8,252.06 | <u> </u> | 32.11 | 1.530 | <u> </u> | 434.32 | <u> </u> | 49.12 |
| @COUNTY HOSPITAL TOTAL | 3 | 14 | \$ | 6,798.80 | | 485.63 | | | 2266.27 | Ş | 40.47 |
| CO HOSPITAL INPATIENT TOTAL | 2 | 6 | | 6,705.00 | | 1117.50 | .036 | | 3352.50 | | 39.91 |
| HSC HOSPITALS | 2 | 6 | | 6,705.00 | | 1117.50 | .036 | | 3352.50 | | 39.91 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 8 | | 93.80 | | 11.73 | .048 | | 93.80 | | .56 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 1 | 8 | | 93.80 | | 11.73 | .048 | | 93.80 | | .56 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDITURE | S MONTH | -OF-PAYMENT RE | EPOR: | T FOR JAN | 2004 THRU | DEC 2 | 2004 | P. | AGE 15,203 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MEDICALL | Y NEEDY | - DISABLED | | | | | | | |
| | | | | | | | 1 | иомтні | V AMERA | CF | |

| | | OR DAYS OF CARE | : | | PEI | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
|-------------------------------------|-----------------|------------------|----|--|-----|------------------|----------|-----|---------------|-----|------------|
| @COMMUNITY HOSPITAL TOTAL | 43 | 450 | \$ | 355,300.27 | Ċ | 700 56 | | | 8262.80 | | |
| COMM HOSP INPATIENT TOTAL | 14 | 104 | | 344,148.43 .00 342,432.43 70,055.86 | | 3309.12 | .619 | | 24582.03 | | 2048.50 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 13 | 104 | | 342,432.43 | | 3292.62 | .619 | | 26340.96 | | 2038.29 |
| ACCOMMODATIONS | 13 | 104 | | 70,055.86 | | 673.61 | .619 | | 5388.91 | | 417.00 |
| ADMINISTRATIVE DAYS | | | | 2,544.30 | | 231.30 | .065 | | 2544.30 | | 15.14 |
| TRANSITIONAL IP CARE | 0 | 11 0 | | -00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | | 93 | | .00 67,511.56 | | 725.93 | .554 | | 5625.96 | | |
| ANCILLARIES | 13 | 0 | | 272,376.57 | | .00 | .000 | | 20952.04 | | 1621.29 |
| INPATIENT CROSSOVERS | 1 | 0 | | 1,716.00 | | .00 | .000 | | 1716.00 | | 10.21 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 31 | 346 | | 11,151.84 | | 32.23 | 2.060 | | .00 359.74 | | 66.38 |
| MEDICAL | 9 | 23 | | 840.38 | | 36.54 | .137 | | 93.38 | | 5.00 |
| SURGERY | 1 | 1 | | 41.64 | | 41.64 | .006 | | 41.64 | | .25 |
| PATHOLOGY | 11 | 37 | | 385.47 | | 10.42 | .220 | | 35.04 | | 2.29 |
| RADIOLOGY | 5 | 7 | | | | | .042 | | 151.37 | | 4.51 |
| ROOM USE | 13 | 21 | | 875.44 | | 108.12 41.69 | .125 | | 67.34 | | 5.21 |
| CROSSOVERS/ALL OTH OUTPTNT | 19 | 257 | | 8,252.06 | | 32.11 | 1.530 | | 434.32 | | 49.12 |
| @STATE HOSPITAL | 28 | 853 | Ś | 432,354.62 | | | | Ś | 15441.24 | Ś | |
| MENTALLY TIL | Ō | 0 | Τ. | 102,001.02 | Τ. | .00 | .000 | Τ. | .00 | т | .00 |
| DEVELOP. DISABLED @NURSING FACILITY | 28 | 853 | | 432,354.62 | | 506.86 | 5.077 | | 15441.24 | | 2573.54 |
| @NURSING FACILITY | 28 32 | 1,140 | \$ | 248,620.00 | Ś | 218 09 | | | 7769.38 | Ś | |
| LEV A-INTERMEDIATE | 0 | 0 | Υ | .00 | Ψ. | .00 | .000 | Υ | .00 | 7 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 6 | 241 | | 131,116.87 | | 544 05 | 1.435 | | 21852.81 | | 780.46 |
| LEV B-TRANSITIONAL IP CARE | | 0 | | .00 | | 544.05 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 26 | 899 | | 117,503.13 | | 130 70 | | | | | |
| @INTERMEDIATE CARE FACILDD | 0 26 2 | 30 | Ś | 5,623.62 | | | | | 2811.81 | | 33.47 |
| ICF DDH | 0 | 0 | Τ. | .00 | Τ. | .00 | .000 | Τ. | .00 | т | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 2 | 30 | | 5,623.62 | | 187 45 | .179 | | 2811.81 | | 33.47 |
| @HEMODIALYSIS TOTAL | 12 | 29 | \$ | | | 228.53 | | Ś | 552.28 | Ś | 39.45 |
| HOSPITAL BASED | 0 | 0 | -1 | .00 | | .00 | .000 | т. | .00 | т. | .00 |
| HEMODIALYSIS CENTER | 12 | 29 | | | | | .173 | | | | 39.45 |
| @REHABILITATION FACILITY | 1 | 7 | Ś | | \$ | | .042 | | | Ś | .97 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 1 | 7 | | | | | .042 | | 163.18 | | .97 |
| @LABORATORY FACILITY | 5 | 26 | \$ | 1,330.93 | | | .155 | \$ | | \$ | 7.92 |
| PATHOLOGY | 5 | 26 | | | | | .155 | | 266.19 | | 7.92 |
| XO AND OTHERS | 1 5 5 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 106 | 156 | \$ | 14,295.75 | \$ | 91.64 | .929 | \$ | 134.87 | \$ | 85.09 |
| CLINIC | 2 | 2 | | 643.00 | | 321.50 | .012 | | 321.50 | | 3.83 |
| SURGICENTER | 1 | 4 | | 410.12 | | 321.50 102.53 | .024 | | 410.12 | | 2.44 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 103 | 150 | | 13,242.63 | | | | | | | 78.83 |
| #CALIF DEPT OF HEALTH SERV | | | | MONTH-OF-PAYMENT RE | | | | | | | AGE 15,204 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MEDICAL | LY | NEEDY - DISABLED | | | | | | | |
| | | | | | | | M | ONT | THLY AVERA | .GE | |
| 168 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVI | ERAGE COST | | | | | COST PER |
| | | OR DAYS OF CARE | 1 | | PEI | R UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 493 | 28,642 | \$ | 105,882.79 | \$ | 3.70 | 170.488 | \$ | 214.77 | \$ | 630.25 |
| DURABLE MED. EQUIP. | 4 | 17 | | 2,306.41 | | 135.67 | .101 | | 576.60 | | 13.73 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|-----|--------|--------------------|----------|---------|-----------|-----------|
| MEDICAL TRANSPORTATION | 14 | 162 | 2,050.83 | 12.66 | .964 | 146.49 | 12.21 |
| AMBULANCES/AIR TRANS | 12 | 101 | 1,844.22 | 18.26 | .601 | 153.69 | 10.98 |
| OTHER TRANS | 4 | 61 | 206.61 | 3.39 | .363 | 51.65 | 1.23 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 2 | 2 | 210.00 | 105.00 | .012 | 105.00 | 1.25 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 49 | 415 | 22,202.95 | 53.50 | 2.470 | 453.12 | 132.16 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 197 | 420 | 4,696.51 | 11.18 | 2.500 | 23.84 | 27.96 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 189 | 6,434 | 68 , 024.70 | 10.57 | 38.298 | 359.92 | 404.91 |
| EPSDT SUPPLEMENTAL SERVICE | 3 | 47 | 1,257.27 | 26.75 | .280 | 419.09 | 7.48 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 40 | 21,145 | 5,134.12 | .24 | 125.863 | 128.35 | 30.56 |
| @CALIF. CHILDREN SERVICES* | 6 | 96 | \$ 410.80 | \$ 4.28 | .571 | • | • |
| @XOVER EXCLUDING STATE HOSP** | 48 | 212 | \$ 19,019.81 | \$ 89.72 | 1.262 | \$ 396.25 | \$ 113.21 |

 $[\]ensuremath{\text{@}} \star$ totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,205 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

| MONTHLY AVERAGE | |
|---|----------------|
| | |
| 43,814 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST | |
| OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGI | |
| @TOTAL, ALL PROVIDERS 28,374 121,895 \$ 6,248,448.05 \$ 51.26 2.782 \$ 220.22 \$ 142 | |
| @PHYSICIANS SERVICES 2,622 8,312 \$ 427,559.75 \$ 51.44 .190 \$ 163.07 \$ 95.76 OUTPATIENT VISITS 1,233 2,042 118,074.64 57.82 .047 95.76 2 | .76 |
| | .69 |
| OFFICE VISITS 122 140 10,077.34 71.98 .003 82.60 | .23 |
| HOME VISITS 0 0 .00 .00 .00 .00 .00 | .00 |
| EMERGENCY ROOM 547 598 37,727.17 63.09 .014 68.97 | .86 |
| PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 | .00 |
| OB VISITS/COMPRE PERI 587 1,299 70,143.32 54.00 .030 119.49 1 | .60 |
| OTHER OUTPATIENT 5 5 126.81 25.36 .000 25.36 | .00 |
| INPATIENT VISITS 329 789 44,208.13 56.03 .018 134.37 1 | .01 |
| HOSPITAL VISITS 317 666 29,693.55 44.58 .015 93.67 | .68 |
| CRITICAL CARE 15 123 14,514.58 118.00 .003 967.64 | .33 |
| CNE/TOE/MDANG TD CARE 0 0 0 00 00 00 00 00 | .00 |
| OPHTHALMOLOGICAL SERVICES 1 1 1 46.44 46.44 .000 46.44 | .00 |
| EXAMINATIONS 1 1 46.44 46.44 .000 46.44 | .00 |
| 0 00 00 00 | .00 |
| INPATIENT HOSPITAL SURGERY 405 1,653 186,057.60 112.56 .038 459.40 4 | .25 |
| | .37 |
| SERVICES AND MATERIALS 0 0 .00 .00 .000< | .16 |
| ASSISTANT SURGEON 40 39 6,811.54 174.65 .001 170.29 ANESTHESIOLOGIST 149 1,368 31,751.18 23.21 .031 213.10 | .72 |
| OUTPATIENT SURGERY 162 333 19,839.20 59.58 .008 122.46 | .45 |
| PRINCIPAL SURGEON 150 192 17,289.13 90.05 .004 115.26 | .39 |
| PRINCIPAL SURGEON 150 192 17,289.13 90.05 .004 115.26 ASSISTANT SURGEON 2 2 130.70 65.35 .000 65.35 | .00 |
| ANESTHESIOLOGIST 16 139 2,419.37 17.41 .003 151.21 | .06 |
| DIALYSIS 3 3 506.68 168.89 .000 168.89 | .01 |
| | .15 |
| PATHOLOGY 364 2,129 6,672.89 3.13 .049 18.33 RADIOLOGY 741 1,123 43,269.68 38.53 .026 58.39 | .99 |
| PSYCHIATRY 1 1 23.22 23.22 .000 23.22 | .00 |
| | .00 |
| IMMUNIZATION AND INJECTION 12 23 618.86 26.91 .001 51.57 OTHER SERVICES/ALL X-OVERS 192 215 8,242.41 38.34 .005 42.93 | .19 |
| OTHER SERVICES/ALL X-OVERS 192 215 8,242.41 38.34 .005 42.93 @PHARMACY 2,566 5,053 \$ 351,822.22 \$ 69.63 .115 \$ 137.11 \$ 8 PRESCRIPTION DRUGS 2,482 4,288 332,155.28 77.46 .098 133.83 7 | .03 |
| @PHARMACY 2,566 5,053 \$ 351,822.22 \$ 69.63 .115 \$ 137.11 \$ 82,155.28 \$ 77.46 .098 133.83 7 7.46 .098 <td< td=""><td>.03 .58</td></td<> | .03 .58 |
| PRESCRIPTION DRUGS 2,482 4,288 332,155.28 77.46 .098 133.83 7 | |
| SNF/ICF 2 2 130.28 65.14 .000 65.14 | .00 |
| OUTPATIENTS 2,480 4,286 332,025.00 77.47 .098 133.88 7 | .58 |
| MEDICAL SUPPLIES 175 765 19,666.94 25.71 .017 112.38 | .45 |
| SNF/ICF 2 2 130.28 65.14 .000 65.14 OUTPATIENTS 2,480 4,286 332,025.00 77.47 .098 133.88 7 MEDICAL SUPPLIES 175 765 19,666.94 25.71 .017 112.38 GDENTIST 11,934 61,002 \$ 1,598,857.34 \$ 26.21 1.392 \$ 133.97 \$ 36 VISITS - DIAGNOSTIC 9,159 43,484 596,237.85 13.71 .992 65.10 13 | .49 |
| VISITS - DIAGNOSTIC 9,159 43,484 596,237.85 13.71 .992 65.10 13 | .61 |
| | .84 |
| DRUGS 352 403 9,008.75 22.35 .009 25.59 ANESTHESIA 43 43 4,100.00 95.35 .001 95.35 | .21 |
| ANESTHESIA 43 4,100.00 95.35 .001 95.35 | .09 |
| PERIODONTICS 321 329 31,942.10 97.09 .008 99.51 ENDODONTICS 763 1,165 169,216.85 145.25 .027 221.78 3 | .73 |
| ENDODONTICS 763 1,165 169,216.85 145.25 .027 221.78 3 | .86 |
| RESTORATIVE DENTISTRY 3,943 10,736 500,161.75 47.15 .245 128.37 11 | .55 |
| | .03 |
| · | .66 |
| SPACE MAINTAINERS 75 102 10,265.00 100.64 .002 136.87 | .23 |
| MAXILLOFACIAL SERVICES 12 12 460.00 38.33 .000 38.33 | .01 |
| FRACTURES, DISLOCATIONS 1 2 1,800.00 900.00 .000 1800.00 | .04 |
| ORTHODONTIC SERVICES 334 439 26,578.25 60.54 .010 79.58 | .61 |
| ALL OTHER SERVICES 205 323 675.00 2.09 .007 3.29 | .02 |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1 | 5 , 206 |

03/14/05

| | | | | | | | M | ONT | HLY AVERA | GE | |
|------------------------------|-------|------------------|----|--------------|----|------------|-----------|-----|-----------|----|----------|
| 43,814 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | 3 | | PΕ | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 4 | 13 | \$ | 318.35 | \$ | 24.49 | .000 | \$ | 79.59 | \$ | .01 |
| DIAGNOSTIC AND ANC. PROCED | 4 | 4 | | 189.80 | | 47.45 | .000 | | 47.45 | | .00 |
| EYE APPLIANCES | 2 | 9 | | 128.55 | | 14.28 | .000 | | 64.28 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 3 | 5 | \$ | 83.60 | \$ | 16.72 | .000 | \$ | 27.87 | \$ | .00 |
| VISITS | 3 | 5 | | 83.60 | | 16.72 | .000 | | 27.87 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 3 | 6 | \$ | | \$ | 52.50 | .000 | \$ | 104.99 | \$ | .01 |
| NURSE ANESTHESIST | 35 | 362 | \$ | | \$ | 21.54 | | \$ | 222.76 | \$ | .18 |
| NURSE MIDWIFE | 5 | 50 | \$ | | \$ | 27.46 | .001 | \$ | 274.59 | \$ | .03 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | | \$ | .00 | | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 2,961 | 15,542 | \$ | | | 195.91 | .355 | | 1028.30 | \$ | 69.49 |
| HOSP INPATIENT TOTAL | 398 | 1,497 | | 2,670,815.62 | | 1784.11 | .034 | | 6710.59 | | 60.96 |
| HSC HOSPITALS | 20 | 58 | | 83,827.13 | | 1445.30 | .001 | | 4191.36 | | 1.91 |
| NON-HSC HOSPITAL TOTAL | 379 | 1,439 | | 2,586,988.49 | | 1797.77 | .033 | | 6825.83 | | 59.04 |
| ACCOMMODATIONS | 377 | 1,439 | | 961,193.95 | | 667.96 | .033 | | 2549.59 | | 21.94 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 377 | 1,439 | | 961,193.95 | | 667.96 | .033 | | 2549.59 | | 21.94 |
| ANCILLARIES | 379 | 0 | | 1,625,794.54 | | .00 | .000 | | 4289.70 | | 37.11 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2,784 | 14,045 | | 373,979.89 | | 26.63 | .321 | | 134.33 | | 8.54 |
| MEDICAL | 212 | 274 | | 8,392.64 | | 30.63 | .006 | | 39.59 | | .19 |
| SURGERY | 118 | 149 | | 4,547.42 | | 30.52 | .003 | | 38.54 | | .10 |
| PATHOLOGY | 817 | 2,956 | | 29,245.04 | | 9.89 | .067 | | 35.80 | | .67 |
| RADIOLOGY | 643 | 839 | | 54,925.32 | | 65.47 | .019 | | 85.42 | | 1.25 |
| ROOM USE | 1,620 | 2,392 | | 86,180.37 | | 36.03 | .055 | | 53.20 | | 1.97 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,987 | 7,435 | | 190,689.10 | | 25.65 | .170 | | 95.97 | | 4.35 |
| @COUNTY HOSPITAL TOTAL | 18 | 93 | \$ | 5,280.94 | \$ | | .002 | Ś | 293.39 | Ś | .12 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 2 | ٧ | 2,700.01 | Υ. | 1350.01 | .000 | ۲ | 2700.01 | ٧ | .06 |
| HSC HOSPITALS | 1 | 2 | | 2,700.01 | | 1350.01 | .000 | | 2700.01 | | .06 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 17 | 91 | | 2,580.93 | | 28.36 | .002 | | 151.82 | | .06 |
| MEDICAL | 2 | 2 | | 47.40 | | 23.70 | .002 | | 23.70 | | .00 |
| SURGERY | 3 | 5 | | 275.01 | | 55.00 | .000 | | 91.67 | | .01 |
| PATHOLOGY | 9 | 48 | | 679.75 | | 14.16 | .001 | | 75.53 | | .02 |
| RADIOLOGY | 3 | 5 | | 249.92 | | 49.98 | .000 | | 83.31 | | .02 |
| ROOM USE | 9 | 14 | | 671.57 | | 47.97 | .000 | | 74.62 | | .02 |
| 1,001, 000 | J | 14 | | 0/1.5/ | | 11.01 | .000 | | 74.02 | | .02 |

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

| SOLANO COUNTI | SUMMARI OF SERVI | CES FOR MEDICALLI | NEEDI - FAMILIES | | _ | | | | |
|------------------------------|-------------------|--------------------|------------------|---|------|-----|-----------|----|------------|
| 40.044 | | | | | | | HLY AVERA | | |
| 43,814 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | | | COST PER | | COST PER |
| | 0.046 | OR DAYS OF CARE | 0 000 514 55 | PER UNIT/DAY | | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,946 | 15,449 \$ | 3,039,514.57 | \$ 196.75 | | Ş | 1031.74 | Ş | 69.37 |
| COMM HOSP INPATIENT TOTAL | 397 | 1,495 | 2,668,115.61 | | .034 | | 6720.69 | | 60.90 |
| HSC HOSPITALS | 19 | 56 | 81,127.12 | | .001 | | 4269.85 | | 1.85 |
| NON-HSC HOSPITALS TOTAL | 379 | 1,439 | 2,586,988.49 | | .033 | | 6825.83 | | 59.04 |
| ACCOMMODATIONS | 377 | 1,439 | 961,193.95 | 667.96 | .033 | | 2549.59 | | 21.94 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 377 | 1,439 | 961,193.95 | 667.96 | .033 | | 2549.59 | | 21.94 |
| ANCILLARIES | 379 | 0 | 1,625,794.54 | .00 | .000 | | 4289.70 | | 37.11 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,769 | 13,954 | 371,398.96 | 26.62 | .318 | | 134.13 | | 8.48 |
| MEDICAL | 210 | 272 | 8,345.24 | 30.68 | .006 | | 39.74 | | .19 |
| SURGERY | 115 | 144 | 4,272.41 | 29.67 | .003 | | 37.15 | | .10 |
| PATHOLOGY | 809 | 2,908 | 28,565.29 | 9.82 | .066 | | 35.31 | | .65 |
| RADIOLOGY | 640 | 834 | 54,675.40 | | .019 | | 85.43 | | 1.25 |
| ROOM USE | 1,612 | 2,378 | 85,508.80 | 35.96 | .054 | | 53.05 | | 1.95 |
| CROSSOVERS/ALL OTH OUTPINT | • | 7,418 | 190,031.82 | | .169 | | 95.93 | | 4.34 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | | .000 | Ś | .00 | Ś | .00 |
| MENTALLY ILL | 0 | 0 | .00 | , | .000 | ٧ | .00 | Y | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| | 0 | 0 9 | .00 | .00 | .000 | ۲ | .00 | ې | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | | .000 | | .00 | | |
| LEV B-REHAB MD | 0 | 0 | | | | | | | .00 |
| LEV B-SUBACUTE FREESTANDING | - | 0 | .00 | | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | | 0 | .00 | | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | _ | .00 | _ | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | .00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 4 | 171 \$ | 5,522.61 | | .004 | \$ | 1380.65 | \$ | .13 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 4 | 171 | 5,522.61 | 32.30 | .004 | | 1380.65 | | .13 |
| @REHABILITATION FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 1,442 | 3,696 \$ | 57,470.04 | \$ 15.55 | .084 | \$ | 39.85 | \$ | 1.31 |
| PATHOLOGY | 1,442 | 3,696 | 57,470.04 | 15.55 | .084 | | 39.85 | | 1.31 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 5,380 | 11,696 \$ | 523,940.85 | \$ 44.80 | .267 | \$ | 97.39 | \$ | 11.96 |
| CLINIC | 821 | 5,448 | 125,708.93 | | .124 | | 153.12 | | 2.87 |
| SURGICENTER | 1 | 1 | 21.66 | 21.66 | .000 | | 21.66 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 4,560 | 6,247 | 398,210.26 | 63.74 | .143 | | 87.33 | | 9.09 |
| #CALIF DEPT OF HEALTH SERV | | S AND EXPENDITURES | | | | DEC | | P | AGE 15,208 |
| MOP024 | FEE-FOR-SERVICE/ | | | | | | | - | 03/14/05 |
| SOLANO COUNTY | | CES FOR MEDICALLY | NEEDY - FAMILIES | | | | | | 55/11/05 |
| 3321110 0001111 | COLUMNIC OF OTHER | JES FOR PEDFORMER | | | | | | | |

| 43,814 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
|--------------------------------|----------------|-----------------|----|--------------|--------------|------|-----------|----------|
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | _ | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 5 , 691 | 15 , 987 | \$ | 228,593.24 | \$ 14.30 | .365 | | \$ 5.22 |
| DURABLE MED. EQUIP. | 1 | 1 | | 99.99 | 99.99 | .000 | 99.99 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 94 | 739 | | 14,268.51 | 19.31 | .017 | 151.79 | .33 |
| AMBULANCES/AIR TRANS | 93 | 738 | | 12,468.51 | 16.90 | .017 | 134.07 | .28 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 1 | 1 | | 1,800.00 | 1800.00 | .000 | 1800.00 | .04 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 9 | 163 | | 11,341.54 | 69.58 | .004 | 1260.17 | .26 |
| GENETIC DISEASE TESTING | 365 | 367 | | 38,487.00 | 104.87 | .008 | 105.44 | .88 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1,735 | 3 , 669 | | 32,736.30 | 8.92 | .084 | 18.87 | .75 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 9 | 11 | | 1,222.30 | 111.12 | .000 | 135.81 | .03 |
| PROSTHETICS | 9 | 11 | | 1,222.30 | 111.12 | .000 | 135.81 | .03 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 3 | | 141.95 | 47.32 | .000 | 141.95 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3 , 505 | 11,034 | | 130,295.65 | 11.81 | .252 | 37.17 | 2.97 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 38 | 183 | \$ | 30,464.80 | \$ 166.47 | .004 | \$ 801.71 | \$.70 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,209
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

| BOLLING COOMII | DOLLINI OF PHIC | VICED FOR THEFTON | | 101111 | | | | |
|---------------------------|-----------------|-------------------|----|--------------|--------------|------------|-------------|-----------|
| | | | | | | MO | NTHLY AVERA | GE |
| 44,115 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 34 , 225 | 183,016 | \$ | 9,562,611.06 | \$ 52.25 | 4.149 | \$ 279.40 | \$ 216.77 |
| @PHYSICIANS SERVICES | 2 , 725 | 8,706 | \$ | 439,610.91 | \$ 50.50 | .197 | \$ 161.33 | \$ 9.97 |
| OUTPATIENT VISITS | 1,263 | 2,078 | | 119,562.84 | 57.54 | .047 | 94.67 | 2.71 |
| OFFICE VISITS | 143 | 167 | | 10,973.44 | 65.71 | .004 | 76.74 | .25 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 557 | 607 | | 38,319.27 | 63.13 | .014 | 68.80 | .87 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 587 | 1,299 | | 70,143.32 | 54.00 | .029 | 119.49 | 1.59 |
| OTHER OUTPATIENT | 5 | 5 | | 126.81 | 25.36 | .000 | 25.36 | .00 |
| INPATIENT VISITS | 345 | 839 | | 45,756.78 | 54.54 | .019 | 132.63 | 1.04 |
| HOSPITAL VISITS | 326 | 706 | | 30,969.70 | 43.87 | .016 | 95.00 | .70 |
| CRITICAL CARE | 16 | 124 | | 14,636.18 | 118.03 | .003 | 914.76 | .33 |
| SNF/ICF/TRANS IP CARE | 7 | 9 | | 150.90 | 16.77 | .000 | 21.56 | .00 |
| OPHTHALMOLOGICAL SERVICES | 4 | 4 | | 160.59 | 40.15 | .000 | 40.15 | .00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS | 4 | 4 | 160.59 | 40.15 | .000 | 40.15 | .00 |
|----------------------------|----------------|-----------------|--------------------|--------------|-------|--------------|-------------|
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 410 | 1,671 | 187,871.38 | 112.43 | .038 | 458.22 | 4.26 |
| PRINCIPAL SURGEON | 248 | 252 | 149,010.37 | 591.31 | .006 | 600.85 | 3.38 |
| ASSISTANT SURGEON | 41 | 40 | 6,826.54 | 170.66 | .001 | 166.50 | .15 |
| ANESTHESIOLOGIST | 151 | 1,379 | 32,034.47 | 23.23 | .031 | 212.15 | .73 |
| OUTPATIENT SURGERY | 169 | 342 | 20,664.25 | 60.42 | .008 | 122.27 | .47 |
| PRINCIPAL SURGEON | 157 | 201 | 18,114.18 | 90.12 | .005 | 115.38 | .41 |
| ASSISTANT SURGEON | 2 | 2 | 130.70 | 65.35 | .000 | 65.35 | .00 |
| ANESTHESIOLOGIST | 16 | 139 | 2,419.37 | 17.41 | .003 | 151.21 | .05 |
| DIALYSIS | 3 | 3 | 506.68 | 168.89 | .000 | 168.89 | .01 |
| PATHOLOGY | 380 | 2,247 | 7,577.20 | 3.37 | .051 | 19.94 | .17 |
| RADIOLOGY | 757 | 1,181 | 46,245.01 | 39.16 | .027 | 61.09 | 1.05 |
| PSYCHIATRY | 1 | 1 | 23.22 | 23.22 | .000 | 23.22 | .00 |
| IMMUNIZATION AND INJECTION | 13 | 24 | 624.31 | 26.01 | .001 | 48.02 | .01 |
| OTHER SERVICES/ALL X-OVERS | 246 | 316 | 10,618.65 | 33.60 | .007 | 43.17 | .24 |
| @PHARMACY | 5 , 228 | 15 , 266 | \$ 1,687,249.84 | \$ 110.52 | .346 | \$ 322.73 | \$ 38.25 |
| PRESCRIPTION DRUGS | 5 , 072 | 10,464 | 1,662,190.36 | 158.85 | .237 | 327.72 | 37.68 |
| SNF/ICF | 844 | 2,411 | 300,376.12 | 124.59 | .055 | 355.90 | 6.81 |
| OUTPATIENTS | 4,243 | 8,053 | 1,361,814.24 | 169.11 | .183 | 320.96 | 30.87 |
| MEDICAL SUPPLIES | 257 | 4,802 | 25,059.48 | 5.22 | .109 | 97.51 | .57 |
| @DENTIST | 13,784 | 68 , 750 | \$ 1,916,138.69 | \$ 27.87 | 1.558 | \$ 139.01 | \$ 43.44 |
| VISITS - DIAGNOSTIC | 10,476 | 48,556 | 657,720.85 | 13.55 | 1.101 | 62.78 | 14.91 |
| ORAL SURGERY | 1,824 | 4,196 | 215,210.59 | 51.29 | .095 | 117.99 | 4.88 |
| DRUGS | 353 | 406 | 9,008.75 | 22.19 | .009 | 25.52 | .20 |
| ANESTHESIA | 52 | 52 | 4,900.00 | 94.23 | .001 | 94.23 | .11 |
| PERIODONTICS | 440 | 459 | 42,991.85 | 93.66 | .010 | 97.71 | .97 |
| ENDODONTICS | 804 | 1,225 | 182,133.35 | 148.68 | .028 | 226.53 | 4.13 |
| RESTORATIVE DENTISTRY | 4,216 | 11,360 | 544,107.20 | 47.90 | .258 | 129.06 | 12.33 |
| PROSTHETICS | 66 | 71 | 2,108.00 | 29.69 | .002 | 31.94 | .05 |
| DENTURES, STAYPLATES | 524 | 1,529 | 218,179.85 | 142.69 | .035 | 416.37 | 4.95 |
| SPACE MAINTAINERS | 75 | 102 | 10,265.00 | 100.64 | .002 | 136.87 | .23 |
| | | | | | | | |

| MAXILLOFACIAL SERVICES | 12 | 12 | 460.00 | 38.33 | .000 | 38.33 | .01 |
|----------------------------|----------------------|-----------------|----------------------|----------------|-----------|---------|-------------|
| FRACTURES, DISLOCATIONS | 1 | 2 | 1,800.00 | 900.00 | .000 | 1800.00 | .04 |
| ORTHODONTIC SERVICES | 334 | 439 | 26,578.25 | 60.54 | .010 | 79.58 | .60 |
| ALL OTHER SERVICES | 229 | 341 | 675.00 | 1.98 | .008 | 2.95 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ND EXPENDITURES | MONTH-OF-PAYMENT REP | ORT FOR JAN 20 | 04 THRU D | EC 2004 | PAGE 15,210 |
| MOP024 | FEE-FOR-SERVICE/DEN | ΓAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR MEDICALLY | NEEDY - TOTAL | | | | |

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR MEDICA | LLY N | EEDY - TOTAL | | | | | | ~- | |
|------------------------------|----------------|------------------|-------|---------------------|--------|------------|------|----|---------|-----|----------|
| | | | _ | | | | MO | | | GE. | |
| 44,115 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | | ERAGE COST | | 3 | | | COST PER |
| | | OR DAYS OF CAR | | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 13 | 41 | \$ | 877.91 | \$ | 21.41 | .001 | \$ | 67.53 | \$ | .02 |
| DIAGNOSTIC AND ANC. PROCED | 8 | 8 | | 371.59 | | 46.45 | .000 | | 46.45 | | .01 |
| EYE APPLIANCES | 11 | 33 | | 506.32 | | 15.34 | .001 | | 46.03 | | .01 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 3 | 5 | \$ | 83.60 | \$ | 16.72 | .000 | \$ | 27.87 | \$ | .00 |
| VISITS | 3 | 5 | | 83.60 | | 16.72 | .000 | | 27.87 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 17 | 46 | \$ | 117.10 | \$ | 2.55 | .001 | \$ | 6.89 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 17 | 46 | | 117.10 | | 2.55 | .001 | | 6.89 | | .00 |
| @HOME HEALTH AGENCY | 5 | 13 | Ś | 838.99 | \$ | 64.54 | .000 | Ś | | \$ | .02 |
| NURSE ANESTHESIST | 35 | 362 | \$ | | \$ | 21.54 | .008 | \$ | 222.76 | \$ | .18 |
| NURSE MIDWIFE | 5 | 50 | \$ | 1,372.93 | \$ | 27.46 | .001 | | 274.59 | \$ | .03 |
| PEDIATRIC NURSE PRACTITIONER | | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | . 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| | • | | \$ | | ک د | 212.79 | .363 | | 1130.77 | | 77.28 |
| @TOTAL HOSPITAL | 3,015 416 | 16,022 | Ş | 3,409,280.80 | Ą | 1881.41 | | Þ | 7267.84 | Ş | 68.53 |
| HOSP INPATIENT TOTAL | | 1,607 | | 3,023,421.05 | | | .036 | | | | |
| HSC HOSPITALS | 22 | 64 | | 90,532.13 | | 1414.56 | .001 | | 4115.10 | | 2.05 |
| NON-HSC HOSPITAL TOTAL | 392 | 1,543 | | 2,929,420.92 | | 1898.52 | .035 | | 7473.01 | | 66.40 |
| ACCOMMODATIONS | 390 | 1,543 | | 1,031,249.81 | | 668.34 | .035 | | 2644.23 | | 23.38 |
| ADMINISTRATIVE DAYS | 1 | 11 | | 2,544.30 | | 231.30 | .000 | | 2544.30 | | .06 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 389 | 1,532 | | 1,028,705.51 | | 671.48 | .035 | | 2644.49 | | 23.32 |
| ANCILLARIES | 392 | 0 | | 1,898,171.11 | | .00 | .000 | | 4842.27 | | 43.03 |
| INPATIENT CROSSOVERS | 3 | 0 | | 3,468.00 | | .00 | .000 | | 1156.00 | | .08 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2,822 | 14,415 | | 385 , 859.75 | | 26.77 | .327 | | 136.73 | | 8.75 |
| MEDICAL | 221 | 297 | | 9,233.02 | | 31.09 | .007 | | 41.78 | | .21 |
| SURGERY | 119 | 150 | | 4,589.06 | | 30.59 | .003 | | 38.56 | | .10 |
| PATHOLOGY | 829 | 3,001 | | 29,724.31 | | 9.90 | .068 | | 35.86 | | .67 |
| RADIOLOGY | 651 | 850 | | 55,837.72 | | 65.69 | .019 | | 85.77 | | 1.27 |
| ROOM USE | 1,636 | 2,416 | | 87,172.56 | | 36.08 | .055 | | 53.28 | | 1.98 |
| CROSSOVERS/ALL OTH OUTPTNT | | 7,701 | | 199,303.08 | | 25.88 | .175 | | 99.21 | | 4.52 |
| @COUNTY HOSPITAL TOTAL | 22 | 108 | \$ | 12,293.97 | \$ | 113.83 | .002 | \$ | 558.82 | \$ | .28 |
| CO HOSPITAL INPATIENT TOTAL | | 8 | | 9,405.01 | | 1175.63 | .000 | • | 3135.00 | | .21 |
| HSC HOSPITALS | 3 | 8 | | 9,405.01 | | 1175.63 | .000 | | 3135.00 | | .21 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| VIII OIUEV INEVITENI | U | U | | .00 | | • 0 0 | .000 | | .00 | | .00 |

| CO HOSP OUTPATIENT TOTAL | 19 | 100 | 2 , 888.96 | 28.89 | .002 | 152.05 | .07 |
|----------------------------|-----------------------|--------------|-------------------------|---------|---------------|--------|-------------|
| MEDICAL | 2 | 2 | 47.40 | 23.70 | .000 | 23.70 | .00 |
| SURGERY | 3 | 5 | 275.01 | 55.00 | .000 | 91.67 | .01 |
| PATHOLOGY | 10 | 56 | 773.55 | 13.81 | .001 | 77.36 | .02 |
| RADIOLOGY | 3 | 5 | 249.92 | 49.98 | .000 | 83.31 | .01 |
| ROOM USE | 9 | 14 | 671.57 | 47.97 | .000 | 74.62 | .02 |
| CROSSOVERS/ALL OTH OUTPINT | 9 | 18 | 871.51 | 48.42 | .000 | 96.83 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DEC | 2004 | PAGE 15,211 |
| MOP024 | FEE-FOR-SERVICE/DENTA | .L | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES F | OR MEDICALLY | NEEDY - TOTAL | | | | |
| | | | | | | | |

| SOLANO COUNTI | SOMMAN OF SER | VICES FOR MEDICAL | 111 T 141 | EEDI 101AD | | | M | ∩NT⊓ | THLY AVERA | CE | |
|--|---------------|-------------------|-----------|---------------------|--------|------------|------|------|------------|-----|----------|
| 44,115 ELIGIBLES | USERS | UNITS OF SERVICE | , | EXPENDITURES | 71.7.7 | ERAGE COST | | | COST PER | UGE | COST PER |
| 44,113 611616163 | USERS | OR DAYS OF CARE | | EVERNDIIOVE2 | | R UNIT/DAY | | ٥ | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,996 | 15,914 | \$ | 3,396,986.83 | \$ | | | ċ | 1133.84 | ċ | 77.00 |
| - | • | | Ą | | Ą | 1884.94 | .036 | Ą | 7297.86 | Ą | 68.32 |
| COMM HOSP INPATIENT TOTAL | 413 19 | 1,599 56 | | 3,014,016.04 | | | | | | | |
| HSC HOSPITALS | | | | 81,127.12 | | 1448.70 | .001 | | 4269.85 | | 1.84 |
| NON-HSC HOSPITALS TOTAL | 392 | 1,543 | | 2,929,420.92 | | 1898.52 | .035 | | 7473.01 | | 66.40 |
| ACCOMMODATIONS | 390 | 1,543 | | 1,031,249.81 | | 668.34 | .035 | | 2644.23 | | 23.38 |
| ADMINISTRATIVE DAYS | 1 | 11 | | 2,544.30 | | 231.30 | .000 | | 2544.30 | | .06 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 389 | 1,532 | | 1,028,705.51 | | 671.48 | .035 | | 2644.49 | | 23.32 |
| ANCILLARIES | 392 | 0 | | 1,898,171.11 | | .00 | .000 | | 4842.27 | | 43.03 |
| INPATIENT CROSSOVERS | 3 | 0 | | 3,468.00 | | .00 | .000 | | 1156.00 | | .08 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,805 | 14,315 | | 382 , 970.79 | | 26.75 | .324 | | 136.53 | | 8.68 |
| MEDICAL | 219 | 295 | | 9,185.62 | | 31.14 | .007 | | 41.94 | | .21 |
| SURGERY | 116 | 145 | | 4,314.05 | | 29.75 | .003 | | 37.19 | | .10 |
| PATHOLOGY | 820 | 2,945 | | 28,950.76 | | 9.83 | .067 | | 35.31 | | .66 |
| RADIOLOGY | 648 | 845 | | 55,587.80 | | 65.78 | .019 | | 85.78 | | 1.26 |
| ROOM USE | 1,628 | 2,402 | | 86,500.99 | | 36.01 | .054 | | 53.13 | | 1.96 |
| CROSSOVERS/ALL OTH OUTPINT | | 7,683 | | 198,431.57 | | 25.83 | .174 | | 99.12 | | 4.50 |
| @STATE HOSPITAL | 36 | 1,082 | \$ | 569,439.74 | \$ | | | Ś | 15817.77 | Ś | 12.91 |
| MENTALLY ILL | 8 | 229 | | 137,085.12 | | 598.62 | .005 | | 17135.64 | | 3.11 |
| DEVELOP. DISABLED | 28 | 853 | | 432,354.62 | | 506.86 | .019 | | 15441.24 | | 9.80 |
| @NURSING FACILITY | 91 | 3 , 078 | Ś | 448,373.11 | Ś | 145.67 | | | 4927.18 | Ś | 10.16 |
| LEV A-INTERMEDIATE | 0 | 0 | τ | .00 | Ψ. | .00 | .000 | т | .00 | т | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 6 | 241 | | 131,116.87 | | 544.05 | .005 | | 21852.81 | | 2.97 |
| LEV B SOBACOTE HISTIE BASED LEV B-TRANSITIONAL IP CARE | 0 | 241 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSTITIONAL IF CARE LEV B-REGULAR | 85 | 2,837 | | 317,256.24 | | 111.83 | .064 | | 3732.43 | | 7.19 |
| | 2 | 30 | \$ | | Ċ | 187.45 | | ٠. | 2811.81 | ċ | .13 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | ş | 5,623.62 | \$ | | .000 | Ş | | Þ | .13 |
| ICF DDH | 0 | 0 | | .00 | | .00 | | | .00 | | |
| ICF DD | • | • | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 2 | 30 | | 5,623.62 | | 187.45 | .001 | | 2811.81 | | .13 |
| @HEMODIALYSIS TOTAL | 16 | 200 | \$ | 12,149.96 | \$ | 60.75 | .005 | Ş | | Ş | .28 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 16 | 200 | | 12,149.96 | | 60.75 | .005 | | 759.37 | | .28 |
| @REHABILITATION FACILITY | 1 | 7 | \$ | 163.18 | \$ | 23.31 | .000 | Ş | | Ş | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 1 | 7 | | 163.18 | | 23.31 | .000 | | 163.18 | | .00 |
| @LABORATORY FACILITY | 1,449 | 3 , 738 | \$ | 58 , 978.52 | \$ | 15.78 | .085 | \$ | 40.70 | \$ | 1.34 |
| PATHOLOGY | 1,449 | 3 , 738 | | 58 , 978.52 | | 15.78 | .085 | | 40.70 | | 1.34 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 5,762 | 12,407 | \$ | 565,649.80 | \$ | 45.59 | .281 | \$ | 98.17 | \$ | 12.82 |
| CLINIC | 835 | 5,630 | | 129,813.33 | | 23.06 | .128 | | 155.47 | | 2.94 |
| | | | | | | | | | | | |

SURGICENTER 2 5 431.78 86.36 .000 215.89 .01
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 4,927 6,772 435,404.69 64.29 .154 88.37 9.87
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,212
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

_____ MONTHIV AMEDICE _____

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

| | | | | | | M | ONTHLY AVERA | GE | |
|----------------------------------|----------------|------------------|------|--------------|--------------|------------|--------------|----|----------|
| 44,115 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | S COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 6 , 895 | 53,213 | \$ | 438,865.72 | \$ 8.25 | 1.206 | \$ 63.65 | \$ | 9.95 |
| DURABLE MED. EQUIP. | 13 | 177 | | 5,784.52 | 32.68 | .004 | 444.96 | | .13 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 1 | 2 | | 54.79 | 27.40 | .000 | 54.79 | | .00 |
| MEDICAL TRANSPORTATION | 109 | 905 | | 16,357.24 | 18.07 | .021 | 150.07 | | .37 |
| AMBULANCES/AIR TRANS | 105 | 839 | | 14,312.73 | 17.06 | .019 | 136.31 | | .32 |
| OTHER TRANS | 5 | 65 | | 244.51 | 3.76 | .001 | 48.90 | | .01 |
| OTHER SERVICES | 1 | 1 | | 1,800.00 | 1800.00 | .000 | 1800.00 | | .04 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 24 | 348 | | 24,234.72 | 69.64 | .008 | 1009.78 | | .55 |
| GENETIC DISEASE TESTING | 367 | 369 | | 38,697.00 | 104.87 | .008 | 105.44 | | .88 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 270 | 1,080 | | 91,616.75 | 84.83 | .024 | 339.32 | | 2.08 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 2,355 | 5,009 | | 48,811.83 | 9.74 | .114 | 20.73 | | 1.11 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 9 | 11 | | 1,222.30 | 111.12 | .000 | 135.81 | | .03 |
| PROSTHETICS | 9 | 11 | | 1,222.30 | 111.12 | .000 | 135.81 | | .03 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 3 | 9 | | 431.13 | 47.90 | .000 | 143.71 | | .01 |
| HOSPICE SERVICES | 2 | 43 | | 3,715.49 | 86.41 | .001 | 1857.75 | | .08 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 3,696 | 17,475 | | 198,393.15 | 11.35 | .396 | 53.68 | | 4.50 |
| EPSDT SUPPLEMENTAL SERVICE | 3 | 47 | | 1,257.27 | 26.75 | .001 | 419.09 | | .03 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 87 | 27 , 738 | | 8,289.53 | .30 | .629 | 95.28 | | .19 |
| @CALIF. CHILDREN SERVICES* | 44 | 279 | \$ | 30,875.60 | \$ 110.67 | .006 | \$ 701.72 | \$ | .70 |
| @XOVER EXCLUDING STATE HOSP** | 76 | 262 | \$ | 30,237.52 | \$ 115.41 | .006 | \$ 397.86 | \$ | .69 |
| 8* TOTALS IN THESE LINES ADE CIV | ENI AC A CEDAI | DATE THEODMATTON | TTEM | ONIT V • | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SOLANO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,213
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----8,243 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 87,276 \$ 878,513.86 \$ 10.07 10.588 \$ 193.59 \$ 106.58 903 \$ 42,141.37 \$ 46.67 .110 \$ 84.45 \$ 5.11 4,538 @TOTAL, ALL PROVIDERS

 676,513.00
 \$ 10.07
 10.388
 \$ 193.39
 \$ 106.38

 42,141.37
 \$ 46.67
 .110
 \$ 84.45
 \$ 5.11

 17,266.07
 44.16
 .047
 49.90
 2.09

 6,649.72
 36.14
 .022
 41.82
 .81

 .00
 .00
 .000
 .00
 .00

 10,195.13
 53.10
 .023
 56.96
 1.24

 .00
 .00
 .00
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 499 @PHYSICIANS SERVICES 346 159 391 OUTPATIENT VISITS 184 OFFICE VISITS 0 179 0 0 HOME VISITS 192 0 EMERGENCY ROOM EMERGENCY ROOM
PREVENTIVE CARE
OB VISITS/COMPRE PERI 0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OTHER OUTPATIENT | 11 | 15 | | | 421.22 | | 28.08 | | .002 | | 38.29 | | .05 |
|----------------------------|---------------------|-------|-----|------|--------------------------|------|-----------|------|--------|-----|--------|----|------------|
| INPATIENT VISITS | 33 | 152 | | | 12,226.50 | | 80.44 | | .018 | | 370.50 | | 1.48 |
| HOSPITAL VISITS | 28 | 108 | | | 5,832.39 | | 54.00 | | .013 | | 208.30 | | .71 |
| CRITICAL CARE | 8 | 44 | | | 6,394.11 | | 145.32 | | .005 | | 799.26 | | .78 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 9 | 9 | | | 469.54 | | 52.17 | | .001 | | 52.17 | | .06 |
| EXAMINATIONS | 9 | 9 | | | 469.54 | | 52.17 | | .001 | | 52.17 | | .06 |
| SERVICES AND MATERIALS | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 4 | 9 | | | 1,509.89 | | 167.77 | | .001 | | 377.47 | | .18 |
| PRINCIPAL SURGEON | 3 | 4 | | | 1,389.26 | | 347.32 | | .000 | | 463.09 | | .17 |
| ASSISTANT SURGEON | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 5 | | | 120.63 | | 24.13 | | .001 | | 120.63 | | .01 |
| OUTPATIENT SURGERY | 33 | 67 | | | 4,402.49 | | 65.71 | | .008 | | 133.41 | | .53 |
| PRINCIPAL SURGEON | 28 | 32 | | | 3,314.79 | | 103.59 | | .004 | | 118.39 | | .40 |
| ASSISTANT SURGEON | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 7 | 35 | | | 1,087.70 | | 31.08 | | .004 | | 155.39 | | .13 |
| DIALYSIS | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| PATHOLOGY | 26 | 86 | | | 386.61 | | 4.50 | | .010 | | 14.87 | | .05 |
| RADIOLOGY | 89 | 103 | | | 1,789.97 | | 17.38 | | .012 | | 20.11 | | .22 |
| PSYCHIATRY | 5 | 20 | | | 1,111.09 | | 55.55 | | .002 | | 222.22 | | .13 |
| IMMUNIZATION AND INJECTION | 2 | 3 | | | 18.55 | | 6.18 | | .000 | | 9.28 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 46 | 63 | | | 2,960.66 | | 46.99 | | .008 | | 64.36 | | .36 |
| @PHARMACY | 982 | 2,902 | \$ | | 116,082.17 | \$ | 40.00 | | .352 | \$ | | \$ | 14.08 |
| PRESCRIPTION DRUGS | 973 | 1,595 | · | | 110,701.08 | | 69.41 | | .193 | | 113.77 | | 13.43 |
| SNF/ICF | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| OUTPATIENTS | 973 | 1,595 | | | 110,701.08 | | 69.41 | | .193 | | 113.77 | | 13.43 |
| MEDICAL SUPPLIES | 44 | 1,307 | | | 5,381.09 | | 4.12 | | .159 | | 122.30 | | .65 |
| @DENTIST | 656 | 4,106 | \$ | | 106,694.05 | \$ | 25.98 | | .498 | Ś | 162.64 | Ś | 12.94 |
| VISITS - DIAGNOSTIC | 527 | 2,983 | | | 44,047.05 | | 14.77 | | .362 | | 83.58 | | 5.34 |
| ORAL SURGERY | 65 | 156 | | | 11,964.00 | | 76.69 | | .019 | | 184.06 | | 1.45 |
| DRUGS | 28 | 32 | | | 700.00 | | 21.88 | | .004 | | 25.00 | | .08 |
| ANESTHESIA | 3 | 3 | | | 300.00 | | 100.00 | | .000 | | 100.00 | | .04 |
| PERIODONTICS | 4 | 4 | | | 472.00 | | 118.00 | | .000 | | 118.00 | | .06 |
| ENDODONTICS | 45 | 85 | | | 10,070.00 | | 118.47 | | .010 | | 223.78 | | 1.22 |
| RESTORATIVE DENTISTRY | 239 | 787 | | | 36,430.00 | | 46.29 | | .095 | | 152.43 | | 4.42 |
| PROSTHETICS | 1 | 1 | | | 30.00 | | 30.00 | | .000 | | 30.00 | | .00 |
| DENTURES, STAYPLATES | 1 | 4 | | | 219.00 | | 54.75 | | .000 | | 219.00 | | .03 |
| SPACE MAINTAINERS | 3 | 4 | | | 462.00 | | 115.50 | | .000 | | 154.00 | | .06 |
| MAXILLOFACIAL SERVICES | 1 | 1 | | | 50.00 | | 50.00 | | .000 | | 50.00 | | .01 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 22 | 29 | | | 1,800.00 | | 62.07 | | .004 | | 81.82 | | .22 |
| ALL OTHER SERVICES | 10 | 17 | | | 150.00 | | 8.82 | | .002 | | 15.00 | | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | | RES | MC | | POR' | | 2004 | | DEC | | P | AGE 15,214 |
| MOP024 | FEE-FOR-SERVICE/DEN | | W) | 1.10 | 21,111 OI 1711111111 IVE | 010 | I ION OAN | 2001 | 111110 | ייי | 2001 | _ | 03/14/05 |
| 1101 02 1 | | | | | | | | | | | | | 00/11/00 |

SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

| | | | | | | | MC | NTHLY AVER | AGE | |
|----------------------------|-------|------------------|----|--------------|-----|------------|------------|------------|-----|----------|
| 8,243 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVI | ERAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | 3 | | PE | R UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @OPTOMETRIST | 35 | 65 | \$ | 1,841.90 | \$ | 28.34 | .008 | \$ 52.63 | \$ | .22 |
| DIAGNOSTIC AND ANC. PROCED | 31 | 32 | | 1,333.97 | | 41.69 | .004 | 43.03 | | .16 |
| EYE APPLIANCES | 18 | 33 | | 507.93 | | 15.39 | .004 | 28.22 | | .06 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |

| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------|-----|-------|--------------------|--------------|------|---------------|-------------|
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 16 | 1,622 | \$ 36,724.33 | \$ 22.64 | .197 | \$ 2295.27 | \$ 4.46 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 384 | 1,230 | \$ 224,017.75 | \$ 182.13 | .149 | \$ 583.38 | \$ 27.18 |
| HOSP INPATIENT TOTAL | 30 | 111 | 189,804.16 | 1709.95 | .013 | 6326.81 | 23.03 |
| HSC HOSPITALS | 14 | 67 | 124,436.00 | 1857.25 | .008 | 8888.29 | 15.10 |
| NON-HSC HOSPITAL TOTAL | 16 | 44 | 65,368.16 | 1485.64 | .005 | 4085.51 | 7.93 |
| ACCOMMODATIONS | 16 | 44 | 29,898.26 | 679.51 | .005 | 1868.64 | 3.63 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 16 | 44 | 29,898.26 | 679.51 | .005 | 1868.64 | 3.63 |
| ANCILLARIES | 16 | 0 | 35 , 469.90 | .00 | .000 | 2216.87 | 4.30 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 360 | 1,119 | 34,213.59 | 30.58 | .136 | 95.04 | 4.15 |
| MEDICAL | 50 | 79 | 5 , 166.74 | 65.40 | .010 | 103.33 | .63 |
| SURGERY | 24 | 28 | 1,130.27 | 40.37 | .003 | 47.09 | .14 |
| PATHOLOGY | 83 | 319 | 3 , 738.56 | 11.72 | .039 | 45.04 | .45 |
| RADIOLOGY | 97 | 111 | 5 , 517.79 | 49.71 | .013 | 56.88 | .67 |
| ROOM USE | 271 | 315 | 12,638.01 | 40.12 | .038 | 46.63 | 1.53 |
| CROSSOVERS/ALL OTH OUTPTNT | 177 | 267 | 6,022.22 | 22.56 | .032 | 34.02 | .73 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-------------------|------------------|--------------------|----------------|-------------|--------------|-------------|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURES | MONTH-OF-PAYMENT I | REPORT FOR JAN | 2004 THRU I | DEC 2004 | PAGE 15,215 |
| MOP024 | FEE-FOR-SERVICE/D | ENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVIC | ES FOR MIC - NO | SOC 03 04 2A 45 4A | 4K 4M 5K 7T 82 | 8E 8W | | |
| | | | | | MC | ONTHLY AVERA | GE |
| 8,243 ELIGIBLES | USERS U | NITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | , | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 384 | 1,230 \$ | 224,017.75 | \$ 182.13 | .149 | \$ 583.38 | \$ 27.18 |
| COMM HOSP INPATIENT TOTAL | 30 | 111 | 189,804.16 | 1709.95 | .013 | 6326.81 | 23.03 |

| 8,243 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | COST PER | - | COST PER |
|-----------------------------|-------|------------------|----|--------------|--------------|------|-----------|----|----------|
| 0,213 111011110 | ОВЫКО | OR DAYS OF CARE | | LM LNDIIONLO | PER UNIT/DAY | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 384 | 1,230 | \$ | 224,017.75 | \$ 182.13 | .149 | | | 27.18 |
| COMM HOSP INPATIENT TOTAL | 30 | 111 | т | 189,804.16 | 1709.95 | .013 | 6326.81 | Τ. | 23.03 |
| HSC HOSPITALS | 14 | 67 | | 124,436.00 | 1857.25 | .008 | 8888.29 | | 15.10 |
| NON-HSC HOSPITALS TOTAL | 16 | 44 | | 65,368.16 | 1485.64 | .005 | 4085.51 | | 7.93 |
| ACCOMMODATIONS | 16 | 44 | | 29,898.26 | 679.51 | .005 | 1868.64 | | 3.63 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 16 | 44 | | 29,898.26 | 679.51 | .005 | 1868.64 | | 3.63 |
| ANCILLARIES | 16 | 0 | | 35,469.90 | .00 | .000 | 2216.87 | | 4.30 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 360 | 1,119 | | 34,213.59 | 30.58 | .136 | 95.04 | | 4.15 |
| MEDICAL | 50 | 79 | | 5,166.74 | 65.40 | .010 | 103.33 | | .63 |
| SURGERY | 24 | 28 | | 1,130.27 | 40.37 | .003 | 47.09 | | .14 |
| PATHOLOGY | 83 | 319 | | 3,738.56 | 11.72 | .039 | 45.04 | | .45 |
| RADIOLOGY | 97 | 111 | | 5,517.79 | 49.71 | .013 | 56.88 | | .67 |
| ROOM USE | 271 | 315 | | 12,638.01 | 40.12 | .038 | 46.63 | | 1.53 |
| CROSSOVERS/ALL OTH OUTPTNT | 177 | 267 | | 6,022.22 | 22.56 | .032 | 34.02 | | .73 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @REHABILITATION FACILITY | 3 | 59 | \$ | 734.23 | \$ 12.44 | .007 | \$ 244.74 | \$ | .09 |
| HOSPITAL BASED | 2 | 58 | | 713.04 | 12.29 | .007 | 356.52 | | .09 |

| INDEPENDENT FACILITY | 1 | 1 | | 21.19 | | 21.19 | .000 | | 21.19 | | .00 |
|------------------------------|--------------------|-----------------|-------|--------------------|------|--------------|-----------|-----|-----------|------|------------|
| @LABORATORY FACILITY | 306 | 453 | \$ | 5,458.30 | \$ | | | \$ | 17.84 | \$ | .66 |
| PATHOLOGY | 306 | 453 | | 5,458.30 | | 12.05 | .055 | | 17.84 | | .66 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2,101 | 3,113 | \$ | 243,396.93 | \$ | 78.19 | .378 | \$ | 115.85 | \$ | 29.53 |
| CLINIC | 251 | 847 | | 17,416.79 | | 20.56 | .103 | | 69.39 | | 2.11 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 1,850 | 2,266 | | 225,980.14 | | 99.73 | .275 | | 122.15 | | 27.41 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITUR | RES I | MONTH-OF-PAYMENT R | REPO | RT FOR JAN 2 | 004 THRU | DEC | 2004 | PF | AGE 15,216 |
| MOP024 | FEE-FOR-SERVICE/DE | ENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICE | ES FOR MIC - 1 | NO S | OC 03 04 2A 45 4A | 4K | 4M 5K 7T 82 | 8E 8W | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE - | |
| 8,243 ELIGIBLES | USERS UN | NITS OF SERVICE | ₹. | EXPENDITURES | A. | VERAGE COST | UNITS/DAY | S | COST PER | | COST PER |

| 8,243 ELIGIBLES | USERS | UNITS OF SERVIC OR DAYS OF CAR | | EXPENDITURES | AVERAGE COST PER UNIT/DAY | | COST PER USER | COST PER ELIGIBLE |
|--------------------------------|-------|-----------------------------------|----|--------------------|------------------------------|----------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 259 | 72,823 | \$ | 101,422.83 | | 8.835 \$ | | |
| DURABLE MED. EQUIP. | 6 | 72 , 029 | 7 | 617.84 | 102.97 | | | .07 |
| BLOOD BANK | 0 | Õ | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 18 | 356 | | 6,223.00 | 17.48 | .043 | 345.72 | |
| AMBULANCES/AIR TRANS | 18 | 354 | | 3,148.00 | 8.89 | .043 | 174.89 | .38 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 2 | 2 | | 3,075.00 | 1537.50 | .000 | 1537.50 | .37 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 25 | 25 | | 2,625.00 | 105.00 | .003 | 105.00 | .32 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 100 | 219 | | 1,795.18 | 8.20 | .027 | 17.95 | .22 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 75 | 447 | | 3,591.42 | 8.03 | .054 | 47.89 | .44 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 36 | 71 , 770 | | 86 , 570.39 | 1.21 | 8.707 | 2404.73 | 10.50 |
| @CALIF. CHILDREN SERVICES* | 66 | 70,416 | \$ | 182,584.02 | | 8.543 \$ | | \$ 22.15 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,217 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

| 002111.0 0001.11 | COLUMNIC OF CEICLE | | ~ ~ | | | | 0.0 | | | | |
|-----------------------|--------------------|------------------|-----|--------------|-----|-----------|------------|-------|----------|-----|----------|
| | | | | | | | MC | ONTHI | LY AVERA | GE. | |
| 07 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | S CO | OST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 36 | 166 | \$ | 3,000.18 | \$ | 18.07 | 23.714 | \$ | 83.34 | \$ | 428.60 |
| @PHYSICIANS SERVICES | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| Continue | OUTPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|---|----------------------------|-----------------|------------------|-----|--------------------|--------|-------------|-----------|-----|--------|----|----------|
| BERKSENNY NOOM | OFFICE VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTRATERY OTHER OTHER OPTRATERY | EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTIMER CUTPATIENT | PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMPATTEMENT VISITS | OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MOSPITMAL VISITIS | OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE SEMPICETRANS IT GARE 0 0 0 0 0 0 00 000 000 000 000 000 00 | INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SENTICE/TRANS IP CARE 0 | HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CHITHALMOLOCICAL SERVICES | CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | | | .00 | | .00 |
| SERVICES AND MATERIALS | OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 | SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANSSISTANT SURGEON | INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANISTHESIGLOGIST | PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COUPATIENT SURGERY | ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON 0 0 0 0 0 00 000 000 000 000 ASSISTANT SURGEON 0 0 0 0 0 000 000 000 000 000 000 ASSISTANT SURGEON 0 0 0 0 0 000 000 000 000 000 000 000 | ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANSSTEMAT SUGGEON ANSSTEMESICLOCIST O O O O .00 .00 .00 .00 .00 .00 .00 .00 | OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DALYSIS | ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY 0 | DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY PSYCHIATRY | PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MINITIZATION AND INJECTION 0 | RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRESCRIPTION DRUGS | IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRESCRIPTION DRUGS | OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF | @PHARMACY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| OUTPATIENTS | PRESCRIPTION DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL SUPPLIES | SNF/ICF | 0 | 0 | | .00 | | .00 | | | .00 | | .00 |
| Component Comp | OUTPATIENTS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| VISITS - DIAGNOSTIC 20 | MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY ORAL | @DENTIST | 32 | 148 | \$ | 2,637.00 | \$ | 17.82 | | \$ | 82.41 | \$ | 376.71 |
| DRUGS | VISITS - DIAGNOSTIC | 20 | 99 | | 460.00 | | 4.65 | 14.143 | | 23.00 | | 65.71 |
| ANESTHESIA 1 1 100.00 100.00 .143 100.00 14.29 PERIODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ENDODONTICS 1 1 0 .00 .00 .00 .143 .00 .00 RESTORATIVE DENTISTRY 10 34 1,414.00 41.59 4.857 141.40 .202.00 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218 MOPD 4 SUMMARY OF SERVICES FOR MIC - SOC AID COMPANDED TO SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218 MOPD 5 SUMMARY OF SERVICES FOR MIC - SOC AID COMPANDED TO SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218 MOPD 6 SUMMARY OF SERVICES FOR MIC - SOC AID COMPANDED TO SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218 MOPD 6 SUMMARY OF SERVICES FOR MIC - SOC AID COMPANDED TO SERVICES FOR MIC - SOC AID COMPANDED TO SERVICES FOR MIC - SOC AID COMPANDED TO SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218 MOP 6 SUMMARY OF SERVICES FOR MIC - SOC AID COMPANDED TO SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218 MOP 6 SUMMARY OF SERVICES FOR MIC - SOC AID COMPANDED TO SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218 MOP 6 SUMMARY OF SERVICES FOR MIC - SOC AID COMPANDED TO SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218 MOP 6 SUMMARY OF SERVICES FOR MIC - SOC AID COMPANDED TO SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT | ORAL SURGERY | 4 | 8 | | 663.00 | | 82.88 | 1.143 | | 165.75 | | 94.71 |
| PERIODONTICS | DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS 1 1 1 .00 .00 .143 .00 .00 RESTORATIVE DENTISTRY 10 34 1,414.00 41.59 4.857 141.40 202.00 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218 MOPO24 SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83 THE OPTION OF SERVICES OF SERVICES FOR MIC - SOC SUMMARY OF SERVICE SERVICES FOR MIC - SOC SUMMARY OF SERVICES FOR MIC - | ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .143 | | 100.00 | | 14.29 |
| RESTORATIVE DENTISTRY 10 34 1,414.00 41.59 4.857 141.40 202.00 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | ENDODONTICS | 1 | 1 | | .00 | | .00 | .143 | | .00 | | |
| DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | RESTORATIVE DENTISTRY | 10 | 34 | | 1,414.00 | | 41.59 | 4.857 | | 141.40 | | 202.00 |
| SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 | PROSTHETICS | 0 | 0 | | | | .00 | | | | | .00 |
| MAXILLOFACIAL SERVICES 0 0 .00 </td <td></td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td></td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td> | | 0 | 0 | | .00 | | | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0 | SPACE MAINTAINERS | 0 | 0 | | | | .00 | .000 | | | | .00 |
| ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES ALL OTHER SERVICES BECOMMEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - SOC O7 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OR DAYS O | FRACTURES, DISLOCATIONS | • | - | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83 O7 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE GOPTOMETRIST 0 \$ 0 \$ 0.00 \$ | ORTHODONTIC SERVICES | ũ . | - | | | | | | | | | |
| MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIC - SOC O7 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE O9 10 \$.00 \$ | ALL OTHER SERVICES | 3 | | | | | | | | | | |
| SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - SOC O7 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OR DAYS O | | | | RES | MONTH-OF-PAYMENT F | REPOR' | r for jan 2 | 2004 THRU | DEC | 2004 | P | |
| 07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE COPTOMETRIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 | | | | | | | | | | | | 03/14/05 |
| 07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE COPTOMETRIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 | SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MIC - : | SOC | | | AID CODE | | | | | |
| OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$.00 \$.00 \$.00 \$.00 | 07 7 | | | _ | | | | | | | | |
| @OPTOMETRIST 0 0 \$.00 \$.00 \$.00 \$.00 | U / ELIGIBLES | USERS | | | EXPENDITURES | | | | | | | |
| GOPTOMETRIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 | O O DECOMPED TOE | ^ | | | 2.2 | | | | | | | |
| DIAGNOSTIC AND ANC. PROCED U U .00 .00 .00 .00 | - | | | Ş | | Ş | | .000 | Ş | | Ş | |
| | DIAGNOSTIC AND ANC. PROCED | U | Ü | | .00 | | .00 | .000 | | .00 | | .00 |

| | _ | _ | | | | | | | |
|------------------------------|-------------------------|------------|------------|-----------------|-------------|-------------|----------------|-------------|-------------|
| EYE APPLIANCES | O | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 \$ | .00 | \$.00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 \$ | | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | Ψ. | .00 | Y | | .000 | .00 | .00 |
| | 0 | - | | | | .00 | | | |
| SURGERY/ANES. | U | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 \$ | .00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 \$ | .00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | S | .00 | \$ | .00 | .000 \$ | | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 \$ | | \$.00 |
| | 0 | 0 | ۲ د | | \$ | | | | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | - | ې م | .00 | | .00 | .000 \$ | | |
| @TOTAL HOSPITAL | U | 0 | \$ | .00 | \$ | .00 | .000 \$ | | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | | | |
| ALL OTHER ACCOM | Ü | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| | 0 | | | | | | | | |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | O | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | Ö | | .00 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| | 0 | - | | | | | | | |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | O | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | | | |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MEDICAL | U | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND I | - | SES MONT | | orp∩pπ | | | | PAGE 15,219 |
| | | | NIONI CODA | II OF FAIMENT F | VII OVI | TON UAN ZU | OF THEO DE | 2004 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 300 | | | 3 TD CODE 0 | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | K MIC - S | SUC | | | AID CODE 8 | | | |
| | | | | | | | | THLY AVERAC | |
| 07 FITCIBLES | HOEDO HINTEO | OF CEDUTCE | 7 | EADEMDILLIDEG | 7/ 7/ 7/ 7/ | DACE COCH I | ואודשפ / הא עפ | COCH DED | COCH DED |

| | | OR DAYS OF CARE | | | PER U | NIT/DAY | PER ELIG | USER | ΕI | LIGIBLE |
|-----------------------------|---|-----------------|---------|-----|-------|---------|----------|-----------|----|---------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |

| ICF DDN/DDCN | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------------|-------------|------------------|--------|--------------|------|-----|-------|----|------------|
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 3 | 3 \$ | 178.71 | \$ | 59.57 | .429 | \$ | 59.57 | \$ | 25.53 |
| CLINIC | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 3 | 3 | 178.71 | | 59.57 | .429 | | 59.57 | | 25.53 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITURES | MONTH-OF-PAYMENT | REPORT | FOR JAN 2004 | THRU | DEC | 2004 | P | AGE 15,220 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MIC - SOC | | | AID CODE 83 | | | | | |

| | | | | | MO | NTHLY AVERA | GE. | |
|--------------------------------|-------|------------------|--------------|--------------|------------|-------------|-----|----------|
| 07 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 3 | 15 \$ | \$ 184.47 | \$ 12.30 | 2.143 | \$ 61.49 | \$ | 26.35 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 1 | 2 | 16.64 | 8.32 | .286 | 16.64 | | 2.38 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 2 | 13 | 167.83 | 12.91 | 1.857 | 83.92 | | 23.98 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | \$.00 | \$.00 | .000 | \$.00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | \$.00 | \$.00 | .000 | \$.00 | \$ | .00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

| | | | | | MON' | THLY AVERAC | GE |
|----------------------------|------------------|-------------------------|------------------------|-----------------|--------------|-------------|-------------|
| 8,250 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 4,574 499 | 87,442 \$ | 881,514.04 | \$ 10.08 | 10.599 \$ | 192.72 | \$ 106.85 |
| @PHYSICIANS SERVICES | 499 346 | 903 \$ | 42,141.37 | \$ 46.67 | .109 \$ | 84.45 | \$ 5.11 |
| OUTPATIENT VISITS | 346 | 391 | 17,266.07 | 44.16 | .047 | 49.90 | 2.09 |
| OFFICE VISITS | 159 | 184 | 6,649.72 | 36.14 | .022 | 41.82 | .81 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 179 | 192 | 10,195.13 | 53.10 | .023 | 56.96 | 1.24 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 11 | 15 | 421.22 | 28.08 | .002 | 38.29 | .05 |
| INPATIENT VISITS | 33 | 152 | 12,226.50 | 80.44 | .018 | 370.50 | 1.48 |
| HOSPITAL VISITS | 28 | 108 | 5,832.39 | 54.00 | .013 | 208.30 | .71 |
| CRITICAL CARE | 8 | 44 | 6,394.11 | 145.32 | .005 | 799.26 | .78 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 9 | 9 | 469.54 | 52.17 | .001 | 52.17 | .06 |
| EXAMINATIONS | 9 | 9 | 469.54 | 52.17 | .001 | 52.17 | .06 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 4 | 0 9 4 | 1,509.89 | 167.77 | .001 | 377.47 | .18 |
| PRINCIPAL SURGEON | 3 | 4 | 1,389.26 | 347.32 | .000 | 463.09 | .17 |
| ASSISTANT SURGEON | 0 | 0 5 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 5 | 120.63 | 24.13 | .001 | 120.63 | .01 |
| OUTPATIENT SURGERY | 33 | 67 | 4,402.49 | 65.71 | .008 | 133.41 | .53 |
| PRINCIPAL SURGEON | 28 | 32 | 3,314.79 | 103.59 | .004 | 118.39 | .40 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 7 | 35 | 1,087.70 | 31.08 | .004 | 155.39 | .13 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 26 | 86 | 386.61 | 4.50 | .010 | 14.87 | .05 |
| RADIOLOGY | 89 | 103 | 1,789.97 | 17.38 | .012 | 20.11 | .22 |
| PSYCHIATRY | 5 | 20 | 1,111.09 | 55.55 | .002 | 222.22 | .13 |
| IMMUNIZATION AND INJECTION | 2 | 3 | 18.55 | 6.18 | .000 | 9.28 | .00 |
| OTHER SERVICES/ALL X-OVERS | 46 | 63 | 2,960.66 | 46.99 | .008 | 64.36 | .36 |
| @PHARMACY | 982 | 2 , 902 \$ | 116,082.17 | \$ 40.00 | .352 \$ | | |
| PRESCRIPTION DRUGS | 973 | 1,595 | 110,701.08 | 69.41 | .193 | 113.77 | 13.42 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 973 | 1 , 595 | 110,701.08 | 69.41 | .193 | 113.77 | 13.42 |
| MEDICAL SUPPLIES | 44 | 1,307 | 5,381.09 | 4.12 | .158 | 122.30 | .65 |
| @DENTIST | 44 688 547 | 4,254 \$ | 109,331.05 | \$ 25.70 | .516 \$ | 158.91 | |
| VISITS - DIAGNOSTIC | 547 | 3,082 | 44,507.05 | 14.44 | .374 | 81.37 | 5.39 |
| ORAL SURGERY | 69 | 164 | 12,627.00 | 76.99 | .020 | 183.00 | 1.53 |
| DRUGS | 28 | 32 | 700.00 | 21.88 | .004 | 25.00 | .08 |
| ANESTHESIA | 4 | 4 | 400.00 | 100.00 | .000 | 100.00 | .05 |
| PERIODONTICS | 4 | 4 | 472.00 | 118.00 | .000 | 118.00 | .06 |
| ENDODONTICS | 46 | 86 | 10,070.00 37,844.00 | 117.09 | .010 | 218.91 | 1.22 |
| RESTORATIVE DENTISTRY | 249 | 821 | - , | 46.10 | .100 | 151.98 | 4.59 |
| PROSTHETICS | 1 | 1 | 30.00 | 30.00 | .000 | 30.00 | .00 |
| DENTURES, STAYPLATES | 1 | 4 | 219.00 | 54.75 | .000 | 219.00 | .03 |
| SPACE MAINTAINERS | 3 | 4 | 462.00 | 115.50 | .000 | 154.00 | .06 |
| MAXILLOFACIAL SERVICES | 1 | 1 | 50.00 | 50.00 | .000 | 50.00 | .01 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 22 | 29 | 1,800.00 | 62.07 | .004 | 81.82 | .22 |
| ALL OTHER SERVICES | 13 | 22 | 150.00 | 6.82 | .003 | 11.54 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITURES MO | NTH-OF-PAYMENT RE | SPORT FOR JAN 2 | OU4 THRU DEC | ∠ ∠∪∪4 | PAGE 15,222 |

FEE-FOR-SERVICE/DENTAL

03/14/05

| | | | | | | | M | ONT | HLY AVERA | GΕ | |
|------------------------------|-------|------------------|----|--------------------|----|------------|-----------|-----|-----------|----|----------|
| 8,250 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PE | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 35 | 65 | \$ | 1,841.90 | \$ | 28.34 | .008 | \$ | 52.63 | \$ | .22 |
| DIAGNOSTIC AND ANC. PROCED | 31 | 32 | | 1,333.97 | | 41.69 | .004 | | 43.03 | | .16 |
| EYE APPLIANCES | 18 | 33 | | 507.93 | | 15.39 | .004 | | 28.22 | | .06 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 16 | 1,622 | \$ | 36,724.33 | \$ | 22.64 | .197 | \$ | 2295.27 | \$ | 4.45 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 384 | 1,230 | \$ | | \$ | 182.13 | | \$ | 583.38 | \$ | 27.15 |
| HOSP INPATIENT TOTAL | 30 | 111 | | 189,804.16 | | 1709.95 | .013 | | 6326.81 | | 23.01 |
| HSC HOSPITALS | 14 | 67 | | 124,436.00 | | 1857.25 | .008 | | 8888.29 | | 15.08 |
| NON-HSC HOSPITAL TOTAL | 16 | 44 | | 65,368.16 | | 1485.64 | .005 | | 4085.51 | | 7.92 |
| ACCOMMODATIONS | 16 | 44 | | 29 , 898.26 | | 679.51 | .005 | | 1868.64 | | 3.62 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 16 | 44 | | 29,898.26 | | 679.51 | .005 | | 1868.64 | | 3.62 |
| ANCILLARIES | 16 | 0 | | 35,469.90 | | .00 | .000 | | 2216.87 | | 4.30 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 360 | 1,119 | | 34,213.59 | | 30.58 | .136 | | 95.04 | | 4.15 |
| MEDICAL | 50 | 79 | | 5,166.74 | | 65.40 | .010 | | 103.33 | | .63 |
| SURGERY | 24 | 28 | | 1,130.27 | | 40.37 | .003 | | 47.09 | | .14 |
| PATHOLOGY | 83 | 319 | | 3,738.56 | | 11.72 | .039 | | 45.04 | | .45 |
| RADIOLOGY | 97 | 111 | | 5,517.79 | | 49.71 | .013 | | 56.88 | | .67 |
| ROOM USE | 271 | 315 | | 12,638.01 | | 40.12 | .038 | | 46.63 | | 1.53 |
| CROSSOVERS/ALL OTH OUTPTNT | 177 | 267 | | 6,022.22 | | 22.56 | .032 | | 34.02 | | .73 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | • | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | ŭ | · · | | • • • | | | | | | | |

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

| SOLANO COUNTY | SUMMARY OF SERVIC | ES FOR MEDICALLY | INDIGENT - CHILDR | REN - TO | OTAL | | | | | C D | |
|------------------------------|-------------------|-------------------|-------------------|----------|-----------------|--------|-----|-----|----------------|------------|-------------------|
| 0.050 BLIGIBLES | HOFF | NITES OF SERVICE | | 3 77777 | D3.0E 000E | | | | HLY AVERA | - | |
| 8,250 ELIGIBLES | USERS (| NITS OF SERVICE | EXPENDITURES | | RAGE COST | | | | COST PER | | COST PER |
| ACOMMINITES HOODIEST HORST | 384 | OR DAYS OF CARE | 224 017 75 | | UNIT/DAY 182.13 | | | | USER 583.38 | \$ | ELIGIBLE 27.15 |
| @COMMUNITY HOSPITAL TOTAL | | 1,230 \$ | 224,017.75 | | | | 149 | Þ | | Ş | |
| COMM HOSP INPATIENT TOTAL | 30 | 111 | 189,804.16 | | 1709.95 | | 013 | | 6326.81 | | 23.01 |
| HSC HOSPITALS | 14 | 67 | 124,436.00 | | 1857.25 | | 800 | | 8888.29 | | 15.08 |
| NON-HSC HOSPITALS TOTAL | 16 | 44 | 65,368.16 | | 1485.64 | | 005 | | 4085.51 | | 7.92 |
| ACCOMMODATIONS | 16 | 44 | 29,898.26 | | 679.51 | | 005 | | 1868.64 | | 3.62 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| ALL OTHER ACCOM | 16 | 44 | 29,898.26 | | 679.51 | | 005 | | 1868.64 | | 3.62 |
| ANCILLARIES | 16 | 0 | 35,469.90 | | .00 | | 000 | | 2216.87 | | 4.30 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 360 | 1,119 | 34,213.59 | | 30.58 | | 136 | | 95.04 | | 4.15 |
| MEDICAL | 50 | 79 | 5,166.74 | | 65.40 | | 010 | | 103.33 | | .63 |
| SURGERY | 24 | 28 | 1,130.27 | | 40.37 | | 003 | | 47.09 | | .14 |
| PATHOLOGY | 83 | 319 | 3,738.56 | | 11.72 | | 039 | | 45.04 | | .45 |
| RADIOLOGY | 97 | 111 | 5,517.79 | | 49.71 | | 013 | | 56.88 | | .67 |
| ROOM USE | 271 | 315 | 12,638.01 | | 40.12 | | 038 | | 46.63 | | 1.53 |
| CROSSOVERS/ALL OTH OUTPTNT | 177 | 267 | 6,022.22 | | 22.56 | | 032 | | 34.02 | | .73 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | | .00 | | 000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | | .00 | | 000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | • • • | | .00 | | 000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| ICF DD | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | | .00 | | 000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 3 | 59 \$ | 734.23 | | 12.44 | | 007 | \$ | 244.74 | \$ | .09 |
| HOSPITAL BASED | 2 | 58 | 713.04 | | 12.29 | | 007 | | 356.52 | | .09 |
| INDEPENDENT FACILITY | 1 | 1 | 21.19 | | 21.19 | | 000 | | 21.19 | | .00 |
| @LABORATORY FACILITY | 306 | 453 \$ | 5,458.30 | | 12.05 | | 055 | \$ | 17.84 | \$ | .66 |
| PATHOLOGY | 306 | 453 | 5 , 458.30 | | 12.05 | | 055 | | 17.84 | | .66 |
| XO AND OTHERS | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2,104 | 3 , 116 \$ | 243,575.64 | | 78.17 | | 378 | \$ | 115.77 | \$ | 29.52 |
| CLINIC | 251 | 847 | 17,416.79 | | 20.56 | | 103 | | 69.39 | | 2.11 |
| SURGICENTER | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .00 | | 000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 1,853 | 2,269 | 226,158.85 | | 99.67 | | 275 | | 122.05 | | 27.41 |
| #CALIF DEPT OF HEALTH SERV | | | MONTH-OF-PAYMENT | REPORT | FOR JAN | 2004 T | HRU | DEC | 2004 | P. | AGE 15,224 |
| MOP024 | FEE-FOR-SERVICE/I | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVIC | ES FOR MEDICALLY | INDIGENT - CHILDR | REN - TO | OTAL | | | | | | |

| 8,250 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|--------------------------------|-------|------------------|-------------------|--------------|------------|----------|----------|
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 262 | 72,838 | \$ 101,607.30 | \$ 1.39 | 8.829 | 387.81 | \$ 12.32 |
| DURABLE MED. EQUIP. | 6 | 6 | 617.84 | 102.97 | .001 | 102.97 | .07 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 18 | 356 | 6,223.00 | 17.48 | .043 | 345.72 | .75 |
| AMBULANCES/AIR TRANS | 18 | 354 | 3,148.00 | 8.89 | .043 | 174.89 | .38 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 2 | 2 | 3,075.00 | 1537.50 | .000 | 1537.50 | .37 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 25 | 25 | 2,625.00 | 105.00 | .003 | 105.00 | .32 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 101 | 221 | 1,811.82 | 8.20 | .027 | 17.94 | .22 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 77 | 460 | 3 , 759.25 | 8.17 | .056 | 48.82 | .46 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 36 | 71 , 770 | 86,570.39 | 1.21 | 8.699 | 2404.73 | 10.49 |
| @CALIF. CHILDREN SERVICES* | 66 | 70,416 | \$ 182,584.02 | \$ 2.59 | 8.535 | 2766.42 | \$ 22.13 |

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,225

MOP024 FEE-FOR-SERVICE/DENTAL

SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

| SOLANO COUNTI | SUMMARI OF SER | VICES FOR MIA - NO SO | C = AID PAID PENDI | .NG AID CODE | | III V 717557 | GE |
|---|----------------|-----------------------|--------------------|--------------|-----------------|-----------------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | MONT | HLY AVERA COST PER | COST PER |
| 00 FFIGIPLES | OSERS | OR DAYS OF CARE | EXPENDITORES | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| - , | 0 | 0 \$ 0 \$ | .00 | \$.00 | · | .00 | \$.00 |
| @PHYSICIANS SERVICES OUTPATIENT VISITS | 0 | 0 \$ | .00 | .00 | .000 \$.000 | .00 | .00 |
| | 0 | 0 | | | | .00 | |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | | | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | U | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | U | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | | .000 | | |
| SPACE MAINTAINERS | U | U | .00 | .00 | .000 | .00 | .00 |

.00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,226

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

ALL OTHER INPATIENT

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR | MIA - NO | SOC | - AID PAID PENDI | NG | AID CODE | | | | |
|--|----------------|-----------|----------|-----|------------------|----|------------|------|----|-------------|----------|
| | | | | | | | | | | HLY AVERAGI | |
| 00 ELIGIBLES | USERS | UNITS OF | | | EXPENDITURES | | RAGE COST | | | | COST PER |
| | | OR DAYS | OF CARE | | | | R UNIT/DAY | | | USER | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| @PODIATRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | .00 |
| NURSE ANESTHESIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | |
| PEDIATRIC NURSE PRACTITIONER | 0 | | Ō | \$ | .00 | \$ | .00 | .000 | \$ | .00 | |
| FAMILY NURSE PRACTITIONER | 0 | | Ö | Ś | .00 | \$ | .00 | | \$ | .00 | |
| @TOTAL HOSPITAL | 0 | | 0 | Ś | .00 | Ś | .00 | .000 | | .00 | |
| HOSP INPATIENT TOTAL | 0 | | 0 | Υ | .00 | ٧ | .00 | .000 | ۲ | .00 | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| | 0 | | 0 | | .00 | | | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| | 0 | | 0 | | | | .00 | | | | |
| HOSP OUTPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| MEDICAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| SURGERY | 0 | | - | | .00 | | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| RADIOLOGY | U | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ROOM USE | U | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | |
| CO HOSPITAL INPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ATT OFFICE THEFT | ^ | | ^ | | 0.0 | | 0.0 | 0.00 | | 0.0 | 0.0 |

.00

.00

.000

.00

.00

| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|--------------------|------------------|-------------------------|----------|---------------|------|-------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DEC | 2004 | PAGE 15,227 |
| MOP024 | FEE-FOR-SERVICE/DE | NTAL | | | | | 03/14/05 |
| COLVINO COLINEA | CHMMADY OF CEDUTCE | C EOD MIN NO | COC ATD DATE DENDING | ATD CODE | 0.1 | | |

SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81 ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 .00 .00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 MEDICAL .00 .000 .00 .00 .00 .00 SURGERY .00 .000 .00 .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPINT .00 .00 .000 .00 .00 0 @STATE HOSPITAL .00 .00 .000 \$.00 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 \$.00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .00 .00 .000 .00 LEV B-REGULAR .00 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00 .00 ICF DDH 0 .00 .00 .000 .00 0 .00 .00 .000 .00 .00 ICF DD ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .00 .000 \$.00 @HEMODIALYSIS TOTAL 0 .00 .00 \$.00 .00 .00 HOSPITAL BASED .000 .000 0 .00 .00 .00 .00 HEMODIALYSIS CENTER 0 .00 .00 .000 \$.00 \$ @REHABILITATION FACILITY .00 .00 .00 .00 .000 .00 HOSPITAL BASED 0 .000 INDEPENDENT FACILITY .00 .00 .00 .00 .00 .00 .000 \$.00 \$ **@LABORATORY FACILITY** .00 .00 .00 .00 .00 PATHOLOGY .000 0 XO AND OTHERS .00 .00 .000 .00 .00 0 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 \$.00 CLINIC .00 .00 .000 .00 .00

 SURGICENTER
 0
 0
 .00
 .00
 .00
 .00
 .00

 HEROIN DETOX CLINIC
 0
 0
 0
 .00
 .00
 .00
 .00
 .00

 RURAL HEALTH CLINIC
 0
 0
 .00
 .00
 .00
 .00
 .00
 .00
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,228 MOP024 FEE-FOR-SERVICE/DENTAL SULANO COUNTY FEE-FOR SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81 03/14/05

----- MONTHLY AVERAGE -----

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,229 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|----|-----|-----------|-----------|-------|---------|------------|
| INPATIENT VISITS | 2 | 2 | 107.58 | 53.79 | .095 | 53.79 | 5.12 |
| HOSPITAL VISITS | 2 | 2 | 107.58 | 53.79 | .095 | 53.79 | 5.12 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 2 | 9 | 1,243.16 | 138.13 | .429 | 621.58 | 59.20 |
| PRINCIPAL SURGEON | 1 | 1 | 1,088.56 | 1088.56 | .048 | 1088.56 | 51.84 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 8 | 154.60 | 19.33 | .381 | 154.60 | 7.36 |
| OUTPATIENT SURGERY | 2 | 3 | 360.61 | 120.20 | .143 | 180.31 | 17.17 |
| PRINCIPAL SURGEON | 2 | 2 | 312.16 | 156.08 | .095 | 156.08 | 14.86 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 1 | 48.45 | 48.45 | .048 | 48.45 | 2.31 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 4 | 6 | 86.21 | 14.37 | .286 | 21.55 | 4.11 |
| RADIOLOGY | 3 | 4 | 212.24 | 53.06 | .190 | 70.75 | 10.11 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 2 | 7 | 54.50 | 7.79 | .333 | 27.25 | 2.60 |
| OTHER SERVICES/ALL X-OVERS | 4 | 4 | 70.24 | 17.56 | .190 | 17.56 | 3.34 |
| @PHARMACY | 37 | 93 | \$ • | \$ 234.27 | 4.429 | | \$ 1037.49 |
| PRESCRIPTION DRUGS | 36 | 88 | 21,493.16 | 244.24 | 4.190 | 597.03 | 1023.48 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 36 | 88 | 21,493.16 | 244.24 | 4.190 | 597.03 | 1023.48 |
| MEDICAL SUPPLIES | 2 | 5 | 294.10 | 58.82 | .238 | 147.05 | 14.00 |
| @DENTIST | 30 | 150 | \$ - , | \$ 37.62 | 7.143 | | · |
| VISITS - DIAGNOSTIC | 23 | 87 | 1,352.00 | 15.54 | 4.143 | 58.78 | 64.38 |
| ORAL SURGERY | 5 | 10 | 963.00 | 96.30 | .476 | 192.60 | 45.86 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | 100.00 | 100.00 | .048 | 100.00 | 4.76 |
| | | | | | | | |

| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|-------------------|-------------------|-----------------|--------------|--------------|-------------|
| ENDODONTICS | 1 | 1 | 330.00 | 330.00 | .048 | 330.00 | 15.71 |
| RESTORATIVE DENTISTRY | 12 | 51 | 2,898.00 | 56.82 | 2.429 | 241.50 | 138.00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | D EXPENDITURES MO | NTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DE | EC 2004 | PAGE 15,230 |
| MOP024 | FEE-FOR-SERVICE/DENT | AL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR MIA - NO SOC | - PREGNANT | AID CODE | 86 | | |
| | | | | | MON | ITHLY AVERAC | E |
| 21 ELIGIBLES | USERS UNIT | S OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |

| | | | | | | | HLY AVERA | GΕ | |
|------------------------------|-------|------------------|-----------------|----|------------|-------|--------------|----|----------|
| 21 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | ERAGE COST | | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PΕ | R UNIT/DAY | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| @HOME HEALTH AGENCY | 1 | 2 | \$ 104.99 | \$ | 52.50 | .095 | \$ 104.99 | \$ | 5.00 |
| NURSE ANESTHESIST | 2 | 13 | \$ 323.28 | \$ | 24.87 | .619 | \$ 161.64 | \$ | 15.39 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| @TOTAL HOSPITAL | 53 | 88 | \$ 12,811.39 | \$ | 145.58 | 4.190 | \$ 241.72 | \$ | 610.07 |
| HOSP INPATIENT TOTAL | 2 | 7 | 10,194.58 | | 1456.37 | .333 | 5097.29 | | 485.46 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 2 | 7 | 10,194.58 | | 1456.37 | .333 | 5097.29 | | 485.46 |
| ACCOMMODATIONS | 2 | 7 | 3,887.44 | | 555.35 | .333 | 1943.72 | | 185.12 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 7 | 3,887.44 | | 555.35 | .333 | 1943.72 | | 185.12 |
| ANCILLARIES | 2 | 0 | 6,307.14 | | .00 | .000 | 3153.57 | | 300.34 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 52 | 81 | 2,616.81 | | 32.31 | 3.857 | 50.32 | | 124.61 |
| MEDICAL | 2 | 2 | 108.11 | | 54.06 | .095 | 54.06 | | 5.15 |
| SURGERY | 1 | 1 | 18.99 | | 18.99 | .048 | 18.99 | | .90 |
| PATHOLOGY | 5 | 22 | 251.05 | | 11.41 | 1.048 | 50.21 | | 11.95 |
| RADIOLOGY | 2 | 2 | 92.69 | | 46.35 | .095 | 46.35 | | 4.41 |
| ROOM USE | 7 | 7 | 249.16 | | 35.59 | .333 | 35.59 | | 11.86 |
| CROSSOVERS/ALL OTH OUTPINT | 45 | 47 | 1,896.81 | | 40.36 | 2.238 | 42.15 | | 90.32 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| | | | | | | | | | |

| A DMINITORDARIUE, DAVO | 0 | | 0 | | .00 | | .00 | 0.00 | | .00 | | .00 |
|---|-----------------|------------|---------------|----------|------------------|----------|----------------|---------------|----------|-----------------|----------|----------------|
| ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | | | | | | .00 | | |
| MEDICAL SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | .00 | | | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | | | .00 | | | | | .00 |
| RADIOLOGY | U | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | • | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | | SNDTTUR | RES MON | TH-OF-PAYMENT RE | EPORT | FOR JAN 2 | 2004 THRU I | EC | 2004 | ŀ | PAGE 15,231 |
| MOP024 SOLANO COUNTY | FEE-FOR-SERVICE | | /T 7 3 | 10 000 | DDECNAME | | ATD CODE | 0.6 | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR I | MIA - N | 10 500 | - PREGNANT | | AID CODE | | NT ITT | ת מיינות ע דווי | CE. | |
| 21 ELIGIBLES | USERS | UNITS OF S | PEDMICE | , | EXPENDITURES | 7/17/15 | DACE COCE | UNITS/DAYS | | | GĽ | COST PER |
| ZI ELIGIBLES | USERS | OR DAYS (| | | FYLFNDIIOKF2 | | RAGE COST | |) | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 53 | OR DAIS | JE CARE 88 | S | 12,811.39 | | 145.58 | | ċ | 241.72 | ċ | |
| COMM HOSP INPATIENT TOTAL | 2 | | 7 | ې | 10,194.58 | | 1456.37 | .333 | Ş | 5097.29 | Ş | 485.46 |
| | 0 | | 0 | | 10,194.58 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 2 | | 7 | | 10,194.58 | | 1456.37 | | | 5097.29 | | 485.46 |
| NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | 2 | | 7 | | 3,887.44 | | 555.35 | .333 | | 1943.72 | | 185.12 |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 2 | | 0 | | 3,887.44 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | .00 | | | | | .00 | | .00 |
| TRANSITIONAL IP CARE | 2 | | 7 | | 3,887.44 | | .00 555.35 | .000 | | .00 1943.72 | | .00 185.12 |
| ALL OTHER ACCOM | 2 | | 0 | | | | | .333 | | | | |
| ANCILLARIES | 2 | | 0 | | 6,307.14 | | .00 | .000 | | 3153.57 | | 300.34 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 52 | | 81 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2 | | 2 | | 2,616.81 | | 32.31 54.06 | 3.857 | | 50.32 | | 124.61 5.15 |
| MEDICAL | ∠ 1 | | 2 | | 108.11 | | 18.99 | .095 | | 54.06 | | |
| SURGERY | 5 | | 22 | | 18.99 251.05 | | 18.99 | .048 1.048 | | 18.99 50.21 | | .90 11.95 |
| PATHOLOGY | 5 | | 22 | | 231.03 92.69 | | 46.35 | .095 | | 46.35 | | 4.41 |
| RADIOLOGY | 2 | | 7 | | 249.16 | | | | | 35.59 | | 11.86 |
| ROOM USE CROSSOVERS/ALL OTH OUTPINT | 45 | | 47 | | | | 35.59 40.36 | .333 | | 42.15 | | 90.32 |
| | 45 | | 4 / 0 | Ċ | 1,896.81 | Ċ | | 2.238 | Ċ | | ċ | |
| @STATE HOSPITAL | 0 | | | \$ | | \$ | .00 | .000 | Ş | .00 | Þ | .00 |
| MENTALLY ILL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | U | | 0 | <u>^</u> | .00 | <u> </u> | .00 | .000 | <u> </u> | .00 | <u> </u> | .00 |
| @NURSING FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Þ | .00 |
| LEV A-INTERMEDIATE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | • | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

0

0

0

0

0

0

0

\$

\$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000 \$

.000 \$

.000 \$

.000

.000

.000

.000

.000

.000

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

0

0

0

0

0

0

0

0

0

@INTERMEDIATE CARE FACIL.-DD

ICF DDH

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DD

| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
|--|-----------------|-------------------|---------|-------------------|----------|-----------|---------------|--------------|------|------------|
| @LABORATORY FACILITY | 3 | 9 | \$ | 179.48 | \$ | 19.94 | .429 | | \$ | 8.55 |
| PATHOLOGY | 3 | 9 | · | 179.48 | • | 19.94 | .429 | 59.83 | | 8.55 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 31 | 64 | \$ | 3,168.55 | Ś | 49.51 | 3.048 | | Ś | 150.88 |
| CLINIC | 2 | 18 | | 447.75 | | 24.88 | .857 | 223.88 | | 21.32 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RURAL HEALTH CLINIC | 29 | 46 | | 2,720.80 | | 59.15 | 2.190 | 93.82 | | 129.56 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITUR | ES MC | • | REPORT | | | | P | AGE 15,232 |
| MOP024 | FEE-FOR-SERVICE | | LLO 110 | 01 11111111111 10 | CEI OICI | TOIL OIN | 2001 111110 1 | 2001 | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MIA - N | o soc | - PREGNANT | | AID CODE | 86 | | | |
| | | | | | | | MO | ONTHLY AVERA | GE · | |
| 21 ELIGIBLES | USERS | UNITS OF SERVICE | 1 | EXPENDITURES | AVE | RAGE COST | UNITS/DAY: | S COST PER | (| COST PER |
| | | OR DAYS OF CARE | 1 | | PER | UNIT/DAY | PER ELIG | USER |] | ELIGIBLE |
| @ALL OTHER PROVIDERS | 44 | 79 | \$ | 3,939.96 | \$ | 49.87 | 3.762 | \$ 89.54 | \$ | 187.62 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 1 | 25 | | 215.92 | | 8.64 | 1.190 | 215.92 | | 10.28 |
| AMBULANCES/AIR TRANS | 1 | 25 | | 215.92 | | 8.64 | 1.190 | 215.92 | | 10.28 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 34 | 34 | | 3,570.00 | | 105.00 | 1.619 | 105.00 | | 170.00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OPTICIAN | 9 | 20 | | 154.04 | | 7.70 | .952 | 17.12 | | 7.34 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ORTHOTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | Ö | | .00 | | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| Communication of the communica | 0 | | T . | .00 | T | | .000 | | · T | • • • |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

0

@XOVER EXCLUDING STATE HOSP**

.00 \$

.00

.000 \$

.00 \$

.00

| | | | | | | | MO | NTHLY AVERA | GΕ | |
|-----------------------|-------|------------------|----|--------------|-----|-----------|------------|-------------|----|----------|
| 21 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PER | UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 184 | 544 | \$ | 50,583.36 | \$ | 92.98 | 25.905 | \$ 274.91 | \$ | 2408.73 |
| @PHYSICIANS SERVICES | 12 | 46 | \$ | 2,625.45 | \$ | 57.08 | 2.190 | \$ 218.79 | \$ | 125.02 |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,233
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

| OUTPATIENT VISITS | 4 | 11 | | 490.91 | | 44.63 | .524 | 122.73 | | 23.38 |
|----------------------------|-----------------|--------------------|------|------------------|-------|-----------|-------------|--------------|----|------------|
| OFFICE VISITS | 1 | 1 | | 37.50 | | 37.50 | .048 | 37.50 | | 1.79 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 2 | 2 | | 216.16 | | 108.08 | .095 | 108.08 | | 10.29 |
| | 2 | 2 | | .00 | | .00 | .000 | .00 | | .00 |
| PREVENTIVE CARE | 2 | 0 | | 237.25 | | 29.66 | .381 | | | 11.30 |
| OB VISITS/COMPRE PERI | 0 | 8 | | | | | | 118.63 | | |
| OTHER OUTPATIENT | U | U | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 2 | 2 | | 107.58 | | 53.79 | .095 | 53.79 | | 5.12 |
| HOSPITAL VISITS | 2 | 2 | | 107.58 | | 53.79 | .095 | 53.79 | | 5.12 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 2 | 9 | | 1,243.16 | | 138.13 | .429 | 621.58 | | 59.20 |
| PRINCIPAL SURGEON | 1 | 1 | | 1,088.56 | 1 | L088.56 | .048 | 1088.56 | | 51.84 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 8 | | 154.60 | | 19.33 | .381 | 154.60 | | 7.36 |
| OUTPATIENT SURGERY | 2 | 3 | | 360.61 | | 120.20 | .143 | 180.31 | | 17.17 |
| PRINCIPAL SURGEON | 2 | 2 | | 312.16 | | 156.08 | .095 | 156.08 | | 14.86 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 1 | | 48.45 | | 48.45 | .048 | 48.45 | | 2.31 |
| DIALYSIS | 0 | <u> </u> | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 6 | | 86.21 | | 14.37 | .286 | 21.55 | | 4.11 |
| | 3 4 | 0 | | 212.24 | | 53.06 | .190 | 70.75 | | 10.11 |
| RADIOLOGY | 0 | 4 | | | | .00 | | | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | | .000 | .00 | | |
| IMMUNIZATION AND INJECTION | 2 | / | | 54.50 | | 7.79 | .333 | 27.25 | | 2.60 |
| OTHER SERVICES/ALL X-OVERS | 4 | 4 | _ | 70.24 | _ | 17.56 | .190 | 17.56 | _ | 3.34 |
| @PHARMACY | 37 | | \$ | 21,787.26 | | | 4.429 | | Ş | 1037.49 |
| PRESCRIPTION DRUGS | 36 | 88 | | 21,493.16 | | 244.24 | 4.190 | 597.03 | | 1023.48 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 36 | 88 | | 21,493.16 | | 244.24 | 4.190 | 597.03 | | 1023.48 |
| MEDICAL SUPPLIES | 2 | 5 | | 294.10 | | 58.82 | .238 | 147.05 | | 14.00 |
| @DENTIST | 30 | 150 | \$ | 5,643.00 | \$ | 37.62 | 7.143 | \$ 188.10 | \$ | 268.71 |
| VISITS - DIAGNOSTIC | 23 | 87 | | 1,352.00 | | 15.54 | 4.143 | 58.78 | | 64.38 |
| ORAL SURGERY | 5 | 10 | | 963.00 | | 96.30 | .476 | 192.60 | | 45.86 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .048 | 100.00 | | 4.76 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ENDODONTICS | 1 | 1 | | 330.00 | | 330.00 | .048 | 330.00 | | 15.71 |
| RESTORATIVE DENTISTRY | 12 | 51 | | 2,898.00 | | 56.82 | 2.429 | 241.50 | | 138.00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | .00 | | .00 | | .00 |
| ALL OTHER SERVICES | • | | C MO | | | | | | - | |
| #CALIF DEPT OF HEALTH SERV | | | S MC | NTH-OF-PAIMENT R | EPORT | FOR JAN . | 2004 THRU L | JEC 2004 | F | AGE 15,234 |
| MOP024 | FEE-FOR-SERVICE | ' | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | VICES FOR MIA - NO | SOC | C - TOTAL | | | | | ~- | |
| 01 | | | | | | | | ONTHLY AVERA | | |
| 21 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | | | | |
| | | OR DAYS OF CARE | | | | | PER ELIG | | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | | \$.00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | | | | | | | | | | |

| OTHER OPTOMETRIC SERVICES 0 0 .00 | EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--|------------------------------|----|----|--------------|-------------|------|--------------|-------------|
| VISITS | OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COTTER SERVICES | @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ## OF COLOR | VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00 .00 SURGERY/ANES. 0 0 0 .00 | OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. 0 0 .00 . | @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| RADIO./PATHOLOGY 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0 | MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY 1 2 \$ 104.99 \$ 52.50 .095 \$ 104.99 \$ 5.00 NURSE ANESTHESIST 2 13 \$ 323.28 \$ 24.87 .619 \$ 161.64 \$ 15.39 NURSE MIDWIFE 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 | RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE ANESTHESIST 2 13 \$ 323.28 \$ 24.87 6.19 \$ 161.64 \$ 15.39 NURSE MIDWIFE 0 0 0 \$.00 \$.00 .000 \$. | OTHER | 0 | 0 | .00 | .00 | .000 | | .00 |
| NURSE MIDWIFE 0 \$.00 .00 | @HOME HEALTH AGENCY | 1 | 2 | \$ 104.99 | \$ 52.50 | .095 | \$ 104.99 | \$ 5.00 |
| PEDIATRIC NURSE PRACTITIONER 0 \$.00 .00 | NURSE ANESTHESIST | 2 | 13 | \$ 323.28 | \$ 24.87 | | \$ 161.64 | \$ 15.39 |
| FAMILY NURSE PRACTITIONER 0 0 \$.00 | NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ## CTOTAL HOSPITAL 53 88 \$ 12,811.39 \$ 145.58 4.190 \$ 241.72 \$ 610.07 HOSP INPATIENT TOTAL 2 7 10,194.58 1456.37 .333 5097.29 485.46 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL 2 7 10,194.58 1456.37 .333 5097.29 485.46 ACCOMMODATIONS 2 7 10,194.58 1456.37 .333 5097.29 485.46 ACCOMMODATIONS 2 7 3,887.44 555.35 .333 1943.72 185.12 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 2 7 3,887.44 555.35 .333 1943.72 185.12 ANCILLARIES 2 0 6,307.14 .00 .00 .3153.57 300.34 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 52 81 2,616.81 32.31 3.857 50.32 124.61 MEDICAL 2 2 108.11 54.06 .095 54.06 5.15 SURGERY 1 1 18.99 18.99 .048 18.99 .90 PATHOLOGY 5 22 251.05 11.41 1.048 50.21 11.95 RADIOLOGY 2 2 92.69 46.35 .095 46.35 4.41 | PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | \$.00 | | \$ | \$.00 |
| HOSP INPATIENT TOTAL 2 7 10,194.58 1456.37 .333 5097.29 485.46 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL 2 7 10,194.58 1456.37 .333 5097.29 485.46 ACCOMMODATIONS 2 7 3,887.44 555.35 .333 1943.72 185.12 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 2 7 3,887.44 555.35 .333 1943.72 185.12 ANCILLARIES 2 0 6,307.14 .00 .00 .3153.57 300.34 INPATIENT CROSSOVERS 0 0 0 6,307.14 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 52 81 2,616.81 32.31 3.857 50.32 124.61 MEDICAL 2 2 2 108.11 54.06 .095 54.06 5.15 SURGERY 1 1 1 18.99 18.99 .048 18.99 .90 PATHOLOGY 5 22 251.05 11.41 1.08 50.21 11.95 RADIOLOGY 2 9 92.69 46.35 .095 46.35 4.41 | | 0 | 0 | \$ | \$ | | \$ | \$ |
| HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL 2 7 10,194.58 1456.37 .333 5097.29 485.46 ACCOMMODATIONS 2 7 3,887.44 555.35 .333 1943.72 185.12 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 2 7 3,887.44 555.35 .333 1943.72 185.12 ANCILLARIES 2 0 6,307.14 .00 .00 .00 .00 ALL OTHER INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 52 81 2,616.81 32.31 3.857 50.32 124.61 MEDICAL 2 2 108.11 54.06 .095 54.06 | @TOTAL HOSPITAL | 53 | 88 | \$ - | \$ | | \$ | \$ |
| NON-HSC HOSPITAL TOTAL 2 7 10,194.58 1456.37 .333 5097.29 485.46 ACCOMMODATIONS 2 7 3,887.44 555.35 .333 1943.72 185.12 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 | | 2 | 7 | - | | | | |
| ACCOMMODATIONS 2 7 3,887.44 555.35 .333 1943.72 185.12 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | | 0 | 0 | | | | | |
| ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 2 7 3,887.44 555.35 .333 1943.72 185.12 ANCILLARIES 2 0 6,307.14 .00 .000 3153.57 300.34 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 52 81 2,616.81 32.31 3.857 50.32 124.61 MEDICAL 2 2 108.11 54.06 .095 54.06 5.15 SURGERY 1 1 18.99 18.99 .048 18.99 .90 PATHOLOGY 5 22 251.05 11.41 1.048 50.21 11.95 RADIOLOGY 2 92.69 46.35 .095 46.35 4.41 | | 2 | 7 | • | | | | |
| TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 2 7 3,887.44 555.35 .333 1943.72 185.12 ANCILLARIES 2 0 6,307.14 .00 .000 3153.57 300.34 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 52 81 2,616.81 32.31 3.857 50.32 124.61 MEDICAL 2 2 108.11 54.06 .095 54.06 5.15 SURGERY 1 1 18.99 18.99 .048 18.99 .90 PATHOLOGY 5 22 251.05 11.41 1.048 50.21 11.95 RADIOLOGY 2 2 92.69 46.35 .095 46.35 4.41 | ACCOMMODATIONS | 2 | 7 | 3,887.44 | 555.35 | .333 | | 185.12 |
| ALL OTHER ACCOM 2 7 3,887.44 555.35 .333 1943.72 185.12 ANCILLARIES 2 0 6,307.14 .00 .000 3153.57 300.34 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 52 81 2,616.81 32.31 3.857 50.32 124.61 MEDICAL 2 2 108.11 54.06 .095 54.06 5.15 SURGERY 1 1 1 18.99 18.99 .048 18.99 .90 PATHOLOGY 5 22 251.05 11.41 1.048 50.21 11.95 RADIOLOGY 2 92.69 46.35 .095 46.35 4.41 | ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES 2 0 6,307.14 .00 .000 3153.57 300.34 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .000 .000 .000 .000 .000 .0 | | 0 | 0 | | | | | |
| INPATIENT CROSSOVERS 0 0 .00 | ALL OTHER ACCOM | 2 | 7 | | 555.35 | | | |
| ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 52 81 2,616.81 32.31 3.857 50.32 124.61 MEDICAL 2 2 108.11 54.06 .095 54.06 5.15 SURGERY 1 1 18.99 18.99 .048 18.99 .90 PATHOLOGY 5 22 251.05 11.41 1.048 50.21 11.95 RADIOLOGY 2 92.69 46.35 .095 46.35 4.41 | | 2 | 0 | • | | | | |
| HOSP OUTPATIENT TOTAL 52 81 2,616.81 32.31 3.857 50.32 124.61 MEDICAL 2 2 108.11 54.06 .095 54.06 5.15 SURGERY 1 1 18.99 18.99 .048 18.99 .90 PATHOLOGY 5 22 251.05 11.41 1.048 50.21 11.95 RADIOLOGY 2 2 92.69 46.35 .095 46.35 4.41 | INPATIENT CROSSOVERS | 0 | 0 | | .00 | | | .00 |
| MEDICAL 2 2 108.11 54.06 .095 54.06 5.15 SURGERY 1 1 18.99 18.99 .048 18.99 .90 PATHOLOGY 5 22 251.05 11.41 1.048 50.21 11.95 RADIOLOGY 2 2 92.69 46.35 .095 46.35 4.41 | | 0 | 0 | | | | | |
| SURGERY 1 1 18.99 18.99 .048 18.99 .90 PATHOLOGY 5 22 251.05 11.41 1.048 50.21 11.95 RADIOLOGY 2 2 92.69 46.35 .095 46.35 4.41 | | 52 | 81 | - | | | | |
| PATHOLOGY 5 22 251.05 11.41 1.048 50.21 11.95 RADIOLOGY 2 2 92.69 46.35 .095 46.35 4.41 | | 2 | 2 | | | | | |
| RADIOLOGY 2 92.69 46.35 .095 46.35 4.41 | SURGERY | 1 | 1 | | | | | |
| | | 5 | | | | | | |
| ROOM USE 7 7 249.16 35.59 .333 35.59 11.86 | RADIOLOGY | 2 | 2 | | | | | |
| 111111111111111111111111111111111111111 | ROOM USE | 7 | 7 | 249.16 | 35.59 | .333 | 35.59 | 11.86 |

| CROSSOVERS/ALL OTH OUTPTNT | 45 | 47 | | 1,896.81 | 40.36 | 2.238 | 42.15 | 90.32 | |
|-----------------------------|------------------------|------------|----------|-----------------|--------------|-------------|----------|-------------|--|
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITUE | RES MONT | H-OF-PAYMENT RE | EPORT FOR JA | N 2004 THRU | DEC 2004 | PAGE 15,235 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 | |
| SOLANO COUNTY | SUMMARY OF SERVICES FO | R MIA - N | IO SOC - | TOTAL | | | | | |

----- MONTHLY AVERAGE -----21 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 12,811.39 \$ 145.58 4.190 \$ 241.72 \$ 610.07 10,194.58 1456.37 .333 5097 29 485 46 88 \$ @COMMUNITY HOSPITAL TOTAL 53 .333 2 7 COMM HOSP INPATIENT TOTAL .00 .00 .00 HSC HOSPITALS .00 .333 5097.29 NON-HSC HOSPITALS TOTAL 10,194.58 1456.37 485.46 ACCOMMODATIONS 3,887.44 555.35 .333 1943.72 185.12 .00 .000 .00 .000 555.35 .333 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 0 TRANSITIONAL IP CARE .00 3,887.44 6,307.14 ALL OTHER ACCOM 1943.72 185.12 0 ANCILLARIES .00 3153.57 300.34 .00 .00 .00 .000 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 2,616.81 32.31 108.11 54.06 124.61 COMM HOSP OUTPATIENT TOTAL 52 81 3.857 50.32 .095 54.06 5.15 MEDICAL 1 18.99 18.99 .048 18.99 SURGERY .90 11.41 22 1.048 PATHOLOGY 251.05 50.21 11.95 .095 92.69 46.35 46.35 RADIOLOGY 7 249.16 35.59 .333 35.59 ROOM USE 7 47 11.86 45 1,896.81 40.36 CROSSOVERS/ALL OTH OUTPINT 2.238 42.15 90.32 0 .00 \$.000 \$.00 \$ @STATE HOSPITAL .00 .00 .00 MENTALLY ILL 0 0 .00 .000 .00 0 DEVELOP. DISABLED .00 .000 .00 . 00 .00 \$.00 .000 \$.00 \$ @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-REHAB MD . 00 .00 .00 .00 .000 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .00 .000 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .000 . 00 .00 .00 .000 .00 LEV B-REGULAR 0 0 .00 \$ @INTERMEDIATE CARE FACIL.-DD .00 .000 \$.00 \$.00 .00 0 .00 ICF DDH 0 .00 .000 .00 ICF DD .00 .00 .000 .00 .00

| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-------------------------|-----------|-------|--------------------|--------|-----------|-----------|-----|--------|----|------------|
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 3 | 9 | \$ | 179.48 | \$ | 19.94 | .429 | \$ | 59.83 | \$ | 8.55 |
| PATHOLOGY | 3 | 9 | | 179.48 | | 19.94 | .429 | | 59.83 | | 8.55 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 31 | 64 | \$ | 3,168.55 | \$ | 49.51 | 3.048 | \$ | 102.21 | \$ | 150.88 |
| CLINIC | 2 | 18 | | 447.75 | | 24.88 | .857 | | 223.88 | | 21.32 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 29 | 46 | | 2,720.80 | | 59.15 | 2.190 | | 93.82 | | 129.56 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDITUF | RES M | IONTH-OF-PAYMENT R | REPORT | ' FOR JAN | 2004 THRU | DEC | 2004 | P. | AGE 15,236 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MIA - N | IO SO | C - TOTAL | | | | | | | |

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 21 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 44 79 3,939.96 49.87 3.762 \$ 89.54 \$ 187.62 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 25 215.92 8.64 1.190 215.92 10.28 215.92 215.92 AMBULANCES/AIR TRANS 8.64 1.190 10.28 .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .000 .00 GENETIC DISEASE TESTING 3,570.00 105.00 1.619 105.00 170.00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 154.04 7.70 .952 OPTICIAN 17.12 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 .00 PROSTHETICS .000 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 PSYCHOLOGIST .000 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .00 \$.000 \$.00 @XOVER EXCLUDING STATE HOSP** .00 \$.00 .000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

| SOLANO COUNTY | SUMMARY OF SERV | VICES FOR MIA - SOC - L | TC | AID CODE | 53 | | |
|----------------------------|-----------------|--------------------------|------------------|-----------------|--------------|------------|-------------|
| | | | | | MON | THLY AVERA | GE |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 30 | 61 \$ | 5,677.11 | \$ 93.07 | .000 \$ | 189.24 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | U | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | U | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | U | U | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 22 | 41 \$ | 5,270.42 | \$ 128.55 | .000 \$ | | \$.00 |
| PRESCRIPTION DRUGS | 22 | 41 | 5,270.42 | 128.55 | .000 | 239.56 | .00 |
| SNF/ICF | 14 | 28 | 4,198.19 | 149.94 | .000 | 299.87 | .00 |
| OUTPATIENTS | 8 | 13 | 1,072.23 | 82.48 | .000 | 134.03 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 6 | 13 \$ | 157.00 | \$ 12.08 | .000 \$ | | \$.00 |
| VISITS - DIAGNOSTIC | 3 | 10 | 157.00 | 15.70 | .000 | 52.33 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | • | | .00 | | | |
| PROSTHETICS | U | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 3 | 3 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | Ü | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITURES MON | TH-OF-PAYMENT RI | EPORT FOR JAN 2 | 2004 THRU DE | 2004 | PAGE 15,238 |

| SOLANO COUNTY | SUMMARY OF SERV | /ICES FOR MIA - SOC - | LTC | AID CODE | | | |
|------------------------------|---------------------------------------|---------------------------------------|--------------|--------------|------------|-------------|----------|
| | | | | | MONI | HLY AVERAGI | E |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| @PODIATRIST | 0 | | | | | | |
| MEDICINE/INJECTIONS | U | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | U | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | Ü | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .000 | | |
| | | | | .00 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | Ő | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| | · · · · · · · · · · · · · · · · · · · | 0 | .00 | · | .000 | .00 | • |
| CO HOSPITAL INPATIENT TOTAL | 0 | · · · · · · · · · · · · · · · · · · · | | .00 | | | .00 |
| HSC HOSPITALS | U | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | · · · · · · · · · · · · · · · · · · · | · · | | | | | |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

03/14/05

.00

.00

FEE-FOR-SERVICE/DENTAL

0

MOP024

LEV B-SUBACUTE FREESTANDING

SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

| SOLANO COUNTI | SUMMARI OF SER | VICES FOR MIA - S | ОС - ТТ | - | AID CODE | 33 | | |
|------------------------------|----------------|-------------------|---------|--------------|--------------|------------|-------------|----------|
| | | | | | | MON' | THLY AVERAC | GE |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| THE D SHED ASSET BREESENSING | | | | 0.0 | 0.0 | 0.00 | 0.0 | 0.0 |

0

.00

.000

.00

| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------------|--------|--------|---------------|---------|-------|--------------|------|-----|-------|------|----------|
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 1 | \$ | 5 | 59.57 | \$ | 59.57 | .000 | \$ | 59.57 | \$ | .00 |
| CLINIC | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 1 | 1 | | 5 | 59.57 | | 59.57 | .000 | | 59.57 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDIT | URES 1 | MONTH-OF-PAYM | MENT RE | EPORT | FOR JAN 2004 | THRU | DEC | 2004 | PAG: | E 15,240 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 1 | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MIA - | SOC - | - LTC | | | AID CODE 53 | | | | | |
| | | | | | | | | | | | | |

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 00 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 95.06 \$ @ALL OTHER PROVIDERS 6 \$ 190.12 \$ 31.69 .000 \$.00 .00 .00 .00 DURABLE MED. EQUIP. .000 .00 .00 .00 BLOOD BANK .00 .000 .00 .00 135.18 135.18 .00 .00 HEARING AID DISPENSERS .000 .00 MEDICAL TRANSPORTATION 33.80 .000 135.18 .00 33.80 135.18 AMBULANCES/AIR TRANS .000 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 54.94 27.47 PORTABLE X-RAY .000 54.94 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 0 .00 .00 ALL OTHER PROVIDERS .000 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,241

FEE-FOR-SERVICE/DENTAL MOP024

SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

| SOLANO COUNTI | SUMMARI OF SERV | /ICES FOR MIA - SOC - | PREGNANI | AID CODE | | | ~= |
|----------------------------|-----------------|-----------------------|--------------|--------------|----------|------------------|----------------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | MONT | | GE COST PER |
| 00 FFIGIPLES | USEKS | OR DAYS OF CARE | EXPENDITORES | PER UNIT/DAY | PER ELIG | COST PER USER | ELIGIBLE |
| AMOMAI ALI DDOMIDEDO | 0 | | .00 | | | .00 | |
| @TOTAL, ALL PROVIDERS | | 0 \$ | | \$.00 | · | | • |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| OUTPATIENT VISITS | | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | | | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | |
| PERIODONTICS | 0 | 0 | | .00 | | | .00 |
| ENDODONTICS | U | U | .00 | .00 | .000 | .00 | |
| RESTORATIVE DENTISTRY | U | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | U | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

.00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .000 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 0 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,242

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR MIA - S | soc - | PREGNANT | | AID CODE | 87 | | | | |
|--|----------------|-------------------|-------|--------------|-----|------------|------------|----|----------|----|----------|
| | | | | | | | MC | | | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | | | UNITS/DAYS | 5 | COST PER | | COST PER |
| | | OR DAYS OF CAR | Ε | | PEF | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | Ś | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | Ś | .00 | Ś | .00 | .000 | | .00 | Ś | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | т | .00 | Τ | .00 | .000 | т | .00 | т | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | ċ | .00 | Ś | .00 |
| CO HOSPITAL INPATIENT TOTAL | • | 0 | ې | .00 | ۲ | .00 | .000 | ٧ | .00 | ۲ | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | • | | | | | | | | | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | | • | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|--------------|-------------------------|----------|-------------|---------|-------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU D | EC 2004 | PAGE 15,243 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES F | OR MIA - SOC | - PREGNANT | AID CODE | 87 | | |

| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR | MIA - SC |)C - | PREGNANT | | AID CODE | 8 / | | | | |
|------------------------------|-----------------|----------|----------|----------|--------------|----------|-----------|------------|----------|-----------|----------|----------|
| | | | | | | | | MC | TNC | HLY AVERA | GΕ | |
| 00 ELIGIBLES | USERS | UNITS OF | SERVICE | | EXPENDITURES | AVEF | RAGE COST | UNITS/DAYS | 3 (| COST PER | | COST PER |
| | | OR DAYS | OF CARE | | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| COMM HOSP INPATIENT TOTAL | 0 | | 0 | | .00 | · | .00 | .000 | • | .00 | | .00 |
| HSC HOSPITALS | 0 | | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | .00 | | | | | | | |
| ANCILLARIES | 0 | | 0 | | | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | U | | - | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | U | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | | Ō | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | | Ö | \$ | .00 | \$ | .00 | .000 | Ś | .00 | \$ | .00 |
| ICF DDH | 0 | | 0 | т | .00 | т | .00 | .000 | Τ. | .00 | Τ. | .00 |
| ICF DD | 0 | | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Ċ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | | 0 | ٻ | .00 | ې | .00 | .000 | ۲ | .00 | ۲ | .00 |
| | 0 | | 0 | | | | | | | | | |
| HEMODIALYSIS CENTER | 0 | | 0 | \$ | .00 | ċ | .00 | .000 | ċ | .00 | <u>_</u> | .00 |
| @REHABILITATION FACILITY | 0 | | 0 | P | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | | - | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | | 0 | <u> </u> | .00 | ^ | .00 | .000 | <u>^</u> | .00 | _ | .00 |
| @LABORATORY FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | , | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | | |

| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|--------------|-------------------------|------------|-------------|------|-------------|
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 20 | 04 THRU DEC | 2004 | PAGE 15,244 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES F | OR MIA - SOC | - PREGNANT | AID CODE 8 | 7 | | |

| SOLANO COUNTI | DOMINANT OF DELIVE | TCES FOR MIN SOC | LINDONAIVI | AID CODE | 0 / | | |
|--------------------------------|--------------------|------------------|--------------|--------------|------------|-------------|----------|
| | | | | | MON | THLY AVERAG | E |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|---|-----------|-----------|---------|-----|--------|
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | \$.00 |

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,245
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR MIA - : | soc - | - TOTAL | | | | | | | |
|----------------------------|----------------|-------------------|-------|--------------|----|------------|------|----|----------|-----|----------|
| | | | | | | | M | | | .GE | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | ERAGE COST | | | COST PER | | COST PER |
| | | OR DAYS OF CAR | | | | R UNIT/DAY | _ | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 30 | 61 | \$ | 5,677.11 | \$ | 93.07 | .000 | | 189.24 | \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| OUTPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OFFICE VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | Ō | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 22 | 41 | \$ | 5,270.42 | \$ | 128.55 | .000 | Ś | | \$ | .00 |
| PRESCRIPTION DRUGS | 22 | 41 | - | 5,270.42 | - | 128.55 | .000 | Т. | 239.56 | т. | .00 |
| SNF/ICF | 14 | 28 | | 4,198.19 | | 149.94 | .000 | | 299.87 | | .00 |
| OUTPATIENTS | 8 | 13 | | 1,072.23 | | 82.48 | .000 | | 134.03 | | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 6 | 13 | \$ | 157.00 | Ś | 12.08 | .000 | Ś | 26.17 | \$ | .00 |
| VISITS - DIAGNOSTIC | 3 | 10 | т | 157.00 | Ψ | 15.70 | .000 | т | 52.33 | Τ. | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 11111011110111 | 0 | O | | .00 | | • • • • | .000 | | .00 | | . 00 |

| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|----------------|------------------------|---------|---------------|------------|-------------|
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 3 | 3 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES M | ONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DEC | 2004 | PAGE 15,246 |
| MOP024 | FEE-FOR-SERVICE/DENTA | .L | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES F | OR MIA - SOC - | TOTAL | | | | |
| | | | | | MONT | HLY AVERAC | F |

| | | | | | | M | ONT | HLY AVERA | GΕ | |
|------------------------------|-------|------------------|--------------|-------|----------|-----------|-----|-----------|----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVER. | AGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | · | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | , | .00 | , | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | - | · · | • • • • | | | | | | | 0 |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|--------------|-----------------------|--------------|--------------|------|-------------|
| TRANSITIONAL IP CARE | 0 | Ō | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPO | RT FOR JAN 2 | 004 THRU DEC | 2004 | PAGE 15,247 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | 03/14/05 |

SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

| SOLANO COUNTI | SOMMAN OF SERV | VICES FOR MIA S | | IOIAL | | | Mo | ייינער | מדע אוופסא | CE | |
|-----------------------------|----------------|------------------|----|--------------|---------|------|-----------|--------|------------|----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERACE | COST | UNITS/DAY | | COST PER | - | COST PER |
| 00 EHIGIDHES | ODEIG | OR DAYS OF CARE | | EXTENDITORES | PER UNI | | , | , | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | ON DATE OF CARE | \$ | .00 | | .00 | .000 | Ś | .00 | \$ | .00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | т. | .00 | | .00 | .000 | т. | .00 | 7 | .00 |
| HSC HOSPITALS | Ō | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | Ō | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | Ō | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | Ō | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | Ō | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | Ō | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | Ô | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | ۲ | .00 | | .00 | .000 | ۲ | .00 | ۲ | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | Ō | 0 | \$ | .00 | | .00 | | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | т | .00 | | .00 | .000 | Τ | .00 | т | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | | .00 | .000 | Ś | .00 | Ś | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | • | .00 | | .00 | .000 | • | .00 | | .00 |
| | | | | | | | | | | | |

| INDEPENDENT FACILITY | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
|------------------------------|--------------------------|-------------|------------------|----------|-----------|---------------|---------------|-------------|
| @LABORATORY FACILITY | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 1 \$ | 59.57 | \$ | 59.57 | .000 | \$ 59.57 | \$.00 |
| CLINIC | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 1 | 1 | 59.57 | | 59.57 | .000 | 59.57 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITURES | MONTH-OF-PAYMENT | REPORT | FOR JAN 2 | 2004 THRU | DEC 2004 | PAGE 15,248 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MIA - SOC | - TOTAL | | | | | |
| | | | | | | N | MONTHLY AVERA | GE |
| OO ELICIDIES | TICEDC TINTEC OF | CEDITTOE | EADEMPIMITES | 7/ 7/ 77 | DACE COCH | TINITHO / DAY | COCH DED | COCH DED |

| | | | | | MON | ILLI AVEKAGI | L |
|--------------------------------|-------|------------------|--------------|--------------|------------|--------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 2 | 6 \$ | 190.12 | \$ 31.69 | .000 \$ | 95.06 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 1 | 4 | 135.18 | 33.80 | .000 | 135.18 | .00 |
| AMBULANCES/AIR TRANS | 1 | 4 | 135.18 | 33.80 | .000 | 135.18 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 1 | 2 | 54.94 | 27.47 | .000 | 54.94 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,249
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

| | | | | | | MC | NTHLY AVERA | AGE | |
|-----------------------|-------|------------------|--------------|--------|---------|------------|-------------|-----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERA(| GE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER UI | VIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|---|------|--------|-----|---------|--------|-----|
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| MEDICAL SUPPLIES | 0 | 0 | .00 | | .000 | .00 | .00 |
|----------------------------|--------------------------|-------------|--------------------|------------|---------------|--------------|-------------|
| @DENTIST | 0 | 0 \$ | .00 | \$. | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | XPENDITURES | MONTH-OF-PAYMENT F | REPORT FOR | JAN 2004 THRU | J DEC 2004 | PAGE 15,250 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | FOR FUTUR | E USE | | | | |
| | | | | | | MONTHLY AVER | AGE |

| | | | | | | | MO | TNO | HLY AVERA | GΕ | |
|------------------------------|-------|------------------|----|--------------|-----------|-----|------------|-----|-----------|----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVERAGE C | OST | UNITS/DAYS | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | 3 | | PER UNIT/ | DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.0 | С | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .0 | С | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.0 | C | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.0 | С | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .0 | С | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .0 | С | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$.0 | С | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.0 | C | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.0 | С | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.0 | C | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.0 | С | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$.0 | C | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .0 | С | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .0 | | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .0 | С | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .0 | С | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | .0 | С | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .0 | Э | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .0 | | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .0 | C | .000 | | .00 | | .00 |

| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | 1 | .00 | .000 | .00 | .00 |
|-----------------------------|--------------------------|------------|------------------|--------|---------|-----------|---------------|-------------|
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 |) | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | 1 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 |) | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | 1 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | 1 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | 1 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | 1 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 |) | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | 1 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 |) | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | 1 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 |) | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | 1 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 |) | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 |) | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 |) | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | 1 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURES | MONTH-OF-PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC 2004 | PAGE 15,251 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | FOR FUTUR | E USE | | | | | |
| | | | | | | M | ONTHLY AVERAG | GE |

| | | | | | MON' | THLY AVERAGE | |
|-----------------------------|-------|------------------|--------------|--------------|------------|--------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|----------------------|--------------|-----------|--------------|-------|-----------|----------|-----|------|----|-----------|
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITUR | ES MONTH- | OF-PAYMENT R | EPORT | FOR JAN 2 | 004 THRU | DEC | 2004 | PA | GE 15,252 |
| MOP024 | FEE-FOR-SERVICE/DENT | AL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR FOR FUT | URE USE | | | | | | | | |

| | | | | | | | 1.1 | ONTINE TIVETO | ш | |
|----------------------------------|------------------|----------------|------|----------|------|--------------|-----------|---------------|----|----------|
| 00 ELIGIBLES | USERS U | NITS OF SERVIC | E | EXPENDIT | URES | AVERAGE COST | UNITS/DAY | S COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | | PER UNIT/DAY | | | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$ | | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| OTHER TRANS | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ORTHOTICS | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| HOSPICE SERVICES | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| A* TOTALS IN THESE LINES ARE CIT | JEN AS A SEDARAT | F TNFORMATTON | ттгм | ONT.V. | | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

| | | | | | MOI | THLY AVERA | GE |
|--|-------|------------------------------|--------------|--------------|------------|------------|--------------------|
| 21 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 214 | 605 \$ | 56,260.47 | \$ 92.99 | 28.810 | 262.90 | \$ 2679.07 |
| @PHYSICIANS SERVICES | 12 | 46 \$ | 2,625.45 | \$ 57.08 | 2.190 | 218.79 | \$ 125.02 |
| OUTPATIENT VISITS | 4 | 11 | 490.91 | 44.63 | .524 | 122.73 | 23.38 |
| OFFICE VISITS | 1 | 1 | 37.50 | 37.50 | .048 | 37.50 | 1.79 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 2 | 2 | 216.16 | 108.08 | .095 | 108.08 | 10.29 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 2 | 8 | 237.25 | 29.66 | .381 | 118.63 | 11.30 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 2 | 2 | 107.58 | 53.79 | .095 | 53.79 | 5.12 |
| HOSPITAL VISITS | 2 | 2 | 107.58 | 53.79 | .095 | 53.79 | 5.12 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 2 | 9 | 1,243.16 | 138.13 | .429 | 621.58 | 59.20 |
| PRINCIPAL SURGEON | 1 | 1 | 1,088.56 | 1088.56 | .048 | 1088.56 | 51.84 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 8 | 154.60 | 19.33 | .381 | 154.60 | 7.36 |
| OUTPATIENT SURGERY | 2 | 3 | 360.61 | 120.20 | .143 | 180.31 | 17.17 |
| PRINCIPAL SURGEON | 2 | 2 | 312.16 | 156.08 | .095 | 156.08 | 14.86 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 1 | 48.45 | 48.45 | .048 | 48.45 | 2.31 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 4 | 6 | 86.21 | 14.37 | .286 | 21.55 | 4.11 |
| RADIOLOGY | 3 | 4 | 212.24 | 53.06 | .190 | 70.75 | 10.11 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 2 | 7 | 54.50 | 7.79 | .333 | 27.25 | 2.60 |
| OTHER SERVICES/ALL X-OVERS | 4 | 4 | 70.24 | 17.56 | .190 | 17.56 | 3.34 |
| @PHARMACY | 59 | 134 \$ | 27,057.68 | \$ 201.92 | 6.381 | | |
| PRESCRIPTION DRUGS | 58 | 129 | 26,763.58 | 207.47 | 6.143 | 461.44 | 1274.46 |
| SNF/ICF | 14 | 28 | 4,198.19 | 149.94 | 1.333 | 299.87 | 199.91 |
| OUTPATIENTS | 44 | 101 | 22,565.39 | 223.42 | 4.810 | 512.85 | 1074.54 |
| MEDICAL SUPPLIES | 2 | 5 | 294.10 | 58.82 | .238 | 147.05 | 14.00 |
| @DENTIST | 36 | 163 \$ | 5,800.00 | \$ 35.58 | 7.762 | | |
| VISITS - DIAGNOSTIC | 26 | 97 | 1,509.00 | 15.56 | 4.619 | 58.04 | 71.86 |
| ORAL SURGERY | 5 | 10 | 963.00 | 96.30 | .476 | 192.60 | 45.86 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | 100.00 | 100.00 | .048 | 100.00 | 4.76 |
| PERIODONTICS | 0 | Ō | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 1 | 1 | 330.00 | 330.00 | .048 | 330.00 | 15.71 |
| RESTORATIVE DENTISTRY | 12 | 51 | 2,898.00 | 56.82 | 2.429 | 241.50 | 138.00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 3 | 3 | .00 | .00 | .143 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALLE DEDT OF HEALTH SERV | | U FS AND FYPFNDITHIBFS MO | | | | | .00 PACE 15 254 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,254 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| SOLANO COUNTI | SUMMARI OF SER | VICES FOR | MEDICALI | ыт ті | NDIGENI - ADOLIS - | - 10. | LAL | M | | א מיידע א דווי | CE. | |
|------------------------------|----------------|------------|----------|-------|--------------------|---------|------------|----------|----|----------------|-----|----------|
| 21 FLICTRIES | HOEDO | IINITEC OF | CEDITOR | | EVDENDIBLIDEO | 70 7 71 | EDACE COCE | M | | | .GE | COCH DED |
| 21 ELIGIBLES | USERS | UNITS OF | | | EXPENDITURES | | ERAGE COST | | - | COST PER | | COST PER |
| CODMOMBEDICE | 0 | OR DAIS | OF CARE | Ċ | 0.0 | | R UNIT/DAY | PER ELIG | | USER | Ċ | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Þ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | U | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 1 | | 2 | \$ | 104.99 | \$ | 52.50 | .095 | \$ | 104.99 | \$ | 5.00 |
| NURSE ANESTHESIST | 2 | | 13 | \$ | 323.28 | \$ | 24.87 | .619 | \$ | 161.64 | \$ | 15.39 |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 53 | | 88 | \$ | 12,811.39 | \$ | 145.58 | 4.190 | \$ | 241.72 | \$ | 610.07 |
| HOSP INPATIENT TOTAL | 2 | | 7 | | 10,194.58 | | 1456.37 | .333 | | 5097.29 | | 485.46 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 2 | | 7 | | 10,194.58 | | 1456.37 | .333 | | 5097.29 | | 485.46 |
| ACCOMMODATIONS | 2 | | 7 | | 3,887.44 | | 555.35 | .333 | | 1943.72 | | 185.12 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | | 7 | | 3,887.44 | | 555.35 | .333 | | 1943.72 | | 185.12 |
| ANCILLARIES | 2 | | 0 | | 6,307.14 | | .00 | .000 | | 3153.57 | | 300.34 |
| INPATIENT CROSSOVERS | 0 | | Ō | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | O | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | | |

| HOSP OUTPATIENT TOTAL | 52 | 81 | | 2,616.81 | 32 | .31 | 3.857 | | 50.32 | | 124.61 |
|-----------------------------|-----------------------|----|-------------|-------------|-----------|---------|---------|--------|-------|----|-----------|
| MEDICAL | 2 | 2 | | 108.11 | 54 | .06 | .095 | ! | 54.06 | | 5.15 |
| SURGERY | 1 | 1 | | 18.99 | 18 | .99 | .048 | | 18.99 | | .90 |
| PATHOLOGY | 5 | 22 | | 251.05 | 11 | .41 | 1.048 | ! | 50.21 | | 11.95 |
| RADIOLOGY | 2 | 2 | | 92.69 | 46 | .35 | .095 | | 46.35 | | 4.41 |
| ROOM USE | 7 | 7 | | 249.16 | 35 | .59 | .333 | | 35.59 | | 11.86 |
| CROSSOVERS/ALL OTH OUTPINT | 45 | 47 | | 1,896.81 | 40 | .36 | 2.238 | | 42.15 | | 90.32 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | ES MONTH-OF | -PAYMENT RE | EPORT FOR | JAN 200 |)4 THRU | DEC 20 | 04 | PA | GE 15,255 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | | 03/14/05 |

| SOLIANO COUNTI | SOMMANT OF SERV | VICED FOR | HUDICALI | пт т | INDIGINI | АРОПІЗ | IOIAL | | | | | |
|-----------------------------|-----------------|-----------|----------|------|----------|----------|-------------|-------------|-----|---------|----|----------|
| | | | | | | | | M | | | | |
| 21 ELIGIBLES | USERS | UNITS OF | SERVICE | | EXPEN | IDITURES | AVERAGE COS | T UNITS/DAY | S C | OST PER | | COST PER |
| | | OR DAYS | OF CARE | | | | PER UNIT/DA | | | USER | Ι | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 53 | | 88 | \$ | 12 | 2,811.39 | \$ 145.58 | 4.190 | \$ | 241.72 | \$ | 610.07 |
| COMM HOSP INPATIENT TOTAL | 2 | | 7 | | 10 | ,194.58 | 1456.37 | .333 | | 5097.29 | | 485.46 |
| HSC HOSPITALS | 0 | | 0 | | | .00 | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 2 | | 7 | | 10 | ,194.58 | 1456.37 | .333 | | 5097.29 | | 485.46 |
| ACCOMMODATIONS | 2 | | 7 | | 3 | 8,887.44 | 555.35 | .333 | | 1943.72 | | 185.12 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | | .00 | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | | 7 | | 3 | 8,887.44 | 555.35 | .333 | | 1943.72 | | 185.12 |
| ANCILLARIES | 2 | | 0 | | 6 | 3,307.14 | .00 | .000 | | 3153.57 | | 300.34 |
| INPATIENT CROSSOVERS | 0 | | 0 | | | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | | .00 | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 52 | | 81 | | 2 | 2,616.81 | 32.31 | 3.857 | | 50.32 | | 124.61 |
| MEDICAL | 2 | | 2 | | | 108.11 | 54.06 | .095 | | 54.06 | | 5.15 |
| SURGERY | 1 | | 1 | | | 18.99 | 18.99 | .048 | | 18.99 | | .90 |
| PATHOLOGY | 5 | | 22 | | | 251.05 | 11.41 | 1.048 | | 50.21 | | 11.95 |
| RADIOLOGY | 2 | | 2 | | | 92.69 | 46.35 | .095 | | 46.35 | | 4.41 |
| ROOM USE | 7 | | 7 | | | 249.16 | 35.59 | .333 | | 35.59 | | 11.86 |
| CROSSOVERS/ALL OTH OUTPTNT | 45 | | 47 | | 1 | ,896.81 | 40.36 | 2.238 | | 42.15 | | 90.32 |
| @STATE HOSPITAL | 0 | | 0 | \$ | | .00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | | 0 | | | .00 | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | | 0 | | | .00 | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | | 0 | \$ | | .00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | | 0 | | | .00 | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | | 0 | | | .00 | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | | 0 | | | .00 | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | | |

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

SOLANO COUNTY

| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------------|------------|-------------|-------------|--------|---------|-----------|-----|--------|----|------------|
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 3 | 9 | \$ | 179.48 | \$ | 19.94 | .429 | \$ | 59.83 | \$ | 8.55 |
| PATHOLOGY | 3 | 9 | | 179.48 | | 19.94 | .429 | | 59.83 | | 8.55 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 32 | 65 | \$ | 3,228.12 | \$ | 49.66 | 3.095 | \$ | 100.88 | \$ | 153.72 |
| CLINIC | 2 | 18 | | 447.75 | | 24.88 | .857 | | 223.88 | | 21.32 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 30 | 47 | | 2,780.37 | | 59.16 | 2.238 | | 92.68 | | 132.40 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | XPENDITUR! | ES MONTH-O | F-PAYMENT R | EPORT. | FOR JAN | 2004 THRU | DEC | 2004 | P. | AGE 15,256 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MEDICAL: | LY INDIGEN' | T - ADULTS | - TOT | AL | | | | | |

| SOLANO COONII | SOMMANI OF SEN | VICES FOR M | иртский. | I TIAT | DIGENI F | тропіз | IOIAL | | | | |
|--------------------------------|----------------|-------------|----------|--------|----------|--------|--------------|----------|-------------|----|----------|
| | | | | | | | | | NTHLY AVERA | - | |
| 21 ELIGIBLES | USERS | UNITS OF S | | | EXPENDI | ITURES | AVERAGE COST | | COST PER | | COST PER |
| | | OR DAYS O | F CARE | | | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 46 | | 85 | \$ | 4,1 | L30.08 | \$ 48.59 | 4.048 | \$ 89.78 | \$ | 196.67 |
| DURABLE MED. EQUIP. | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| BLOOD BANK | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 2 | | 29 | | 3 | 351.10 | 12.11 | 1.381 | 175.55 | | 16.72 |
| AMBULANCES/AIR TRANS | 2 | | 29 | | 3 | 351.10 | 12.11 | 1.381 | 175.55 | | 16.72 |
| OTHER TRANS | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 34 | | 34 | | 3,5 | 570.00 | 105.00 | 1.619 | 105.00 | | 170.00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 9 | | 20 | | 1 | L54.04 | 7.70 | .952 | 17.12 | | 7.34 |
| PHYSICAL THERAPIST | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 1 | | 2 | | | 54.94 | 27.47 | .095 | 54.94 | | 2.62 |
| PROSTHETIST/ORTHOTISTS | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ORTHOTICS | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| HOSPICE SERVICES | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 0 | | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | | 0 | \$ | | .00 | \$.00 | .000 | | \$ | .00 |
| | | | | • | | | | | | | |

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,257

SOLANO COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR ALL AGED ----- MONTHLY AVERAGE -----

| | | | | | ===== MON: | | |
|----------------------------|-------|------------------|--------------|--------------|------------|----------|------------|
| 322 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 6,416 | 48,707 \$ | 1,707,253.37 | \$ 35.05 | 151.264 \$ | 266.09 | \$ 5302.03 |
| @PHYSICIANS SERVICES | 53 | 143 \$ | | \$ 16.34 | .444 \$ | 44.08 | • |
| OUTPATIENT VISITS | 18 | 23 | 769.70 | 33.47 | .071 | 42.76 | 2.39 |
| OFFICE VISITS | 17 | 22 | 725.10 | 32.96 | .068 | 42.65 | 2.25 |
| | | | | | | | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 44.60 | 44.60 | .003 | 44.60 | .14 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 1 | 13.70 | 13.70 | .003 | 13.70 | .04 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 1 | 1 | 13.70 | 13.70 | .003 | 13.70 | .04 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 114.15 | 38.05 | .009 | 38.05 | .35 |
| EXAMINATIONS | 3 | 3 | 114.15 | 38.05 | .009 | 38.05 | .35 |
| | 0 | 0 | | | | | |
| SERVICES AND MATERIALS | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | • | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 1 | 2 | 204.95 | 102.48 | .006 | 204.95 | .64 |
| PRINCIPAL SURGEON | 1 | 2 | 204.95 | 102.48 | .006 | 204.95 | .64 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 3 | Д | 100.79 | 25.20 | .012 | 33.60 | .31 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | .000 | | |
| IMMUNIZATION AND INJECTION | • | • | .00 | | | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 36 | 110 | 1,132.69 | 10.30 | .342 | 31.46 | 3.52 |
| @PHARMACY | 1,459 | 9,048 \$ | 322,683.85 | | 28.099 \$ | | \$ 1002.12 |
| PRESCRIPTION DRUGS | 1,320 | 2,631 | 313,758.45 | 119.25 | 8.171 | 237.70 | 974.41 |
| SNF/ICF | 565 | 1,339 | 155,646.77 | 116.24 | 4.158 | 275.48 | 483.38 |
| OUTPATIENTS | 764 | 1,292 | 158,111.68 | 122.38 | 4.012 | 206.95 | 491.03 |
| MEDICAL SUPPLIES | 151 | 6,417 | 8,925.40 | 1.39 | 19.929 | 59.11 | 27.72 |
| @DENTIST | 2,324 | 9,281 \$ | 439,820.13 | \$ 47.39 | 28.823 \$ | 189.25 | \$ 1365.90 |
| VISITS - DIAGNOSTIC | 1,541 | 5,986 | 70,749.73 | 11.82 | 18.590 | 45.91 | 219.72 |
| ORAL SURGERY | 345 | 1,065 | 51,160.15 | 48.04 | 3.307 | 148.29 | 158.88 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 9 | 9 | 800.00 | 88.89 | .028 | 88.89 | 2.48 |
| PERIODONTICS | 108 | 113 | 8,900.75 | 78.77 | .351 | 82.41 | 27.64 |
| ENDODONTICS | 46 | 63 | 12,107.00 | 192.17 | .196 | 263.20 | 37.60 |
| | | | | | | | |
| RESTORATIVE DENTISTRY | 312 | 668 | 45,130.50 | 67.56 | 2.075 | 144.65 | 140.16 |
| PROSTHETICS | 22 | 24 | 882.00 | 36.75 | .075 | 40.09 | 2.74 |
| DENTURES, STAYPLATES | 585 | 1,324 | 250,090.00 | 188.89 | 4.112 | 427.50 | 776.68 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|----------------|-------------------------|---------|---------------|------|-------------|
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 42 | 29 | .00 | .00 | .090 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | O EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DEC | 2004 | PAGE 15,258 |
| MOP024 | FEE-FOR-SERVICE/DENTA | AL | | | | | 03/14/05 |

| MOPUZ4 | FEE-FOR-SERVICE | | _ | | | | | | | | 03/14/05 |
|--|-----------------|--------------------|----------|----------------------|-----------|-------------|--------------|----------|--------------------|----------|---------------|
| SOLANO COUNTY | SUMMARY OF SERV | VICES FOR ALL AGE | D | | | | 3.6 | ~ » т m | | Ω.D. | |
| 200 811018180 | HORDO | IINTEG OF GERLITOF | | | 7.7.7 | 1D3 CE COCE | M | | | GE. | |
| 322 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | UNITS/DAY | 5 | COST PER | | COST PER |
| @OPTOMETRIST | 5 | OR DAYS OF CARE | \$ | 300.25 | PEF \$ | 18.77 | PER ELIG | ċ | USER 60.05 | ċ | ELIGIBLE .93 |
| | 1 | | Ą | 45.00 | Ą | 45.00 | .003 | Ą | 45.00 | Ą | .14 |
| DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES | 5 | 1 15 | | 255.25 | | 17.02 | .047 | | 51.05 | | .79 |
| | 0 | 0 | | | | | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES @CHIROPRACTOR | 0 | 0 | \$ | .00 | Ś | .00 | .000 | \$ | .00 | Ś | .00 |
| VISITS | 0 | 0 | Ą | .00 | Ą | .00 | .000 | Ą | .00 | Ą | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 15 | 24 | \$ | 24.02 | Ś | 1.00 | .075 | \$ | 1.60 | Ś | .07 |
| @PODIATRIST | 0 | 0 | Ą | .00 | Ą | .00 | .000 | Ą | .00 | Ą | |
| MEDICINE/INJECTIONS SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | | | |
| RADIO./PATHOLOGY OTHER | 15 | 24 | | 24.02 | | | | | .00 1.60 | | .00 |
| | 12 | 0 | Ċ | | ċ | 1.00 | .075 | ċ | | Ċ | |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ \$ | .00 | \$ \$ | .00 | .000 | \$ \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | · · | 0 | \$ | | ۶ \$ | .00 | .000 | | | ş S | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | ې د | .00 | ۶ \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 17 | 45 | ş S | | ۶ \$ | 418.64 | .140 | \$ \$ | | \$ | .00 58.51 |
| @TOTAL HOSPITAL | 1 / 5 | 45 11 | ş | 18,838.78 | Ş | 1634.65 | .034 | Þ | 1108.16 3596.23 | Ş | 55.84 |
| HOSP INPATIENT TOTAL HSC HOSPITALS | 1 | 1 | | 17,981.16 | | 1352.28 | .003 | | 1352.28 | | 4.20 |
| NON-HSC HOSPITAL TOTAL | 2 | 10 | | 1,352.28 | | 1834.49 | .003 | | 9172.44 | | 56.97 |
| | 2 | 10 | | 18,344.88 | | 801.67 | | | | | |
| ACCOMMODATIONS | 1 | 6 | | 8,016.73 1,340.48 | | 223.41 | .031 .019 | | 4008.37 1340.48 | | 24.90 4.16 |
| ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | 0 | 0 | | 1,340.40 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 0 | | 6,676.25 | | 1669.06 | .012 | | 3338.13 | | 20.73 |
| ANCILLARIES | 2 | 0 | | 10,328.15 | | .00 | .000 | | 5164.08 | | 32.08 |
| INPATIENT CROSSOVERS | 2 | 0 | | 1,716.00CR | | .00 | .000 | | 858.00C | D | 5.33CR |
| ALL OTHER INPATIENT | 0 | 0 | | 1,716.00CR | | .00 | .000 | | .00 | K | .00 |
| HOSP OUTPATIENT TOTAL | 12 | 34 | | 857.62 | | 25.22 | .106 | | 71.47 | | 2.66 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 3 | 4 | | 155.55 | | 38.89 | .012 | | 51.85 | | .48 |
| ROOM USE | 3 | 3 | | 116.75 | | 38.92 | .009 | | 38.92 | | .36 |
| CROSSOVERS/ALL OTH OUTPINT | 9 | 27 | | 585.32 | | 21.68 | .084 | | 65.04 | | 1.82 |
| @COUNTY HOSPITAL TOTAL | 1 | 1 | \$ | 214.23 | Ś | 214.23 | .003 | \$ | | Ś | .67 |
| CO HOSPITAL INPATIENT TOTAL | - | 0 | Ų | .00 | ۲ | .00 | .000 | ۲ | .00 | ې | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADD OTHER INFALLENT | U | U | | .00 | | .00 | .000 | | .00 | | .00 |

| CO HOSP OUTPATIENT TOTAL | 1 | 1 | 214.23 | 214.23 | .003 | 214.23 | .67 |
|----------------------------|------------------|--------------------|---------------------|--------------|--------------|---------------|-------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 1 | 214.23 | 214.23 | .003 | 214.23 | .67 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITURES | MONTH-OF-PAYMENT RE | PORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,259 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVI | CES FOR ALL AGED | | | | | |
| | | | | | MON | ITHLY AVERAGE | ₫ |
| 322 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 16 | 44 \$ | 18,624.55 | \$ 423.29 | .137 \$ | 1164.03 | 57.84 |
| COMM HOSP INPATIENT TOTAL | 5 | 11 | 17,981.16 | 1634.65 | .034 | 3596.23 | 55.84 |
| HSC HOSPITALS | 1 | 1 | 1,352.28 | 1352.28 | .003 | 1352.28 | 4.20 |
| NON-HSC HOSPITALS TOTAL | 2 | 10 | 18,344.88 | | .031 | 9172.44 | 56.97 |
| ACCOMMODATIONS | 2 | 10 | 8,016.73 | 801.67 | .031 | 4008.37 | 24.90 |
| ADMINISTRATIVE DAYS | 1 | 6 | 1,340.48 | 223.41 | .019 | 1340.48 | 4.16 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 4 | | 1669.06 | .012 | 3338.13 | 20.73 |
| ANCILLARIES | 2 | 0 | 10,328.15 | .00 | .000 | 5164.08 | 32.08 |
| INPATIENT CROSSOVERS | 2 | 0 | 1,716.00CR | | .000 | 858.00CR | 5.33CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 11 | 33 | 643.39 | 19.50 | .102 | 58.49 | 2.00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 3 | 4 | 155.55 | 38.89 | .012 | 51.85 | .48 |
| ROOM USE | 3 | 3 | 116.75 | 38.92 | .009 | 38.92 | .36 |
| CROSSOVERS/ALL OTH OUTPTNT | 8 | 26 | 371.09 | 14.27 | .081 | 46.39 | 1.15 |
| @STATE HOSPITAL | 8 | 229 \$ | 137,085.12 | \$ 598.62 | .711 \$ | 17135.64 | \$ 425.73 |

| MENTALLY ILL | 8 | 229 | | 137,085.12 | | 598.62 | .711 | | 17135.64 | | 425.73 |
|---|--|--|--------------|---|------------|--|---|------------|--|-----|--|
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 69 | 2,275 | \$ | 244,267.10 | \$ | 107.37 | 7.065 | \$ | 3540.10 | \$ | 758.59 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 69 | 2,275 | | 244,267.10 | | 107.37 | 7.065 | | 3540.10 | | 758.59 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 7 | 9 | \$ | 3,165.23 | \$ | 351.69 | .028 | \$ | 452.18 | \$ | 9.83 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 7 | | | 3,165.23 | | 351.69 | .028 | | 452.18 | | 9.83 |
| @REHABILITATION FACILITY | 0 | 9 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | Ś | .00 |
| HOSPITAL BASED | 0 | 0 | т. | .00 | 7 | .00 | .000 | 7 | .00 | т. | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 2 | 16 | \$ | 177.55 | \$ | 11.10 | .050 | Ś | 88.78 | Ś | .55 |
| PATHOLOGY | 2 | 16 | Υ | 177.55 | Y | 11.10 | .050 | ۲ | 88.78 | 7 | .55 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 502 | 1,243 | \$ | 54,485.31 | Ċ | 43.83 | 3.860 | Ċ | | Ċ | 169.21 |
| CLINIC CLINIC | 30 | 565 | Ÿ | 10,864.95 | Ÿ | 19.23 | 1.755 | Ÿ | 362.17 | Y | 33.74 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC RURAL HEALTH CLINIC | 472 | 678 | | | | 64.34 | 2.106 | | 92.42 | | 135.47 |
| | | | DEC M | 43,620.36 | , DODE | | | DEC | | Ъ | AGE 15,260 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | .E.S AND EXPENDITO | | | | FUR JAN | | | | | AUTE ID.ZOU |
| MODO 0 0 4 | THE HOD CHRISTON | | TOD FIG | SNIII OF FAIMENT KI | 11 01(1 | 1010 01110 | 2001 1111(0 | ייים | , 2004 | 1. | |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | ONTH OF FAIRBING KI | 11 01(1 | 1010 01110 | 2001 111110 | DEC | , 2004 | | 03/14/05 |
| MOP024 SOLANO COUNTY | | | | ONIII OF FAIMENT NI | JI 01(1 | TOIL OTH | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | E/DENTAL /ICES FOR ALL AG | ED | | | | M | IONT | 'HLY AVERA | .GE | 03/14/05 |
| | | C/DENTAL VICES FOR ALL AG UNITS OF SERVIC | ED | EXPENDITURES | AVE | RAGE COST | M UNITS/DAY | IONT | HLY AVERA | .GE | 03/14/05 COST PER |
| SOLANO COUNTY 322 ELIGIBLES | SUMMARY OF SERV | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR | ED E E | EXPENDITURES | AVE PER | RAGE COST | M UNITS/DAY PER ELIG | IONT 'S | 'HLY AVERA COST PER USER | .GE | 03/14/05 COST PER ELIGIBLE |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS | SUMMARY OF SERVUSERS 2,363 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 | ED | EXPENDITURES 484,070.05 | AVE | RAGE COST UNIT/DAY 18.35 | M UNITS/DAY PER ELIG 81.919 | IONT 'S | HLY AVERA COST PER USER 204.85 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. | SUMMARY OF SERV USERS 2,363 8 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 | ED E E | EXPENDITURES 484,070.05 3,378.12 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 | M UNITS/DAY PER ELIG 81.919 .494 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK | SUMMARY OF SERVUSERS 2,363 8 0 | Z/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 | M UNITS/DAY PER ELIG 81.919 .494 .000 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS | SUMMARY OF SERV USERS 2,363 8 0 1 | Z/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 | M UNITS/DAY PER ELIG 81.919 .494 .000 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | USERS 2,363 8 0 1 3 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 | M UNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 | .GE | 03/14/05 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS | USERS 2,363 8 0 1 3 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 | M UNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 | .GE | 03/14/05 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS | USERS 2,363 8 0 1 3 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 2.04 | M UNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 | .GE | 03/14/05 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | USERS 2,363 8 0 1 3 0 3 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 2.04 .00 | M UNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 | .GE | 03/14/05 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE | USERS 2,363 8 0 1 1 3 0 0 3 0 0 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 2.04 .00 | M UNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 .00 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR | USERS 2,363 8 0 1 1 3 0 0 3 0 0 70 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 .00 67,064.70 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 2.04 .00 .00 69.64 | M UNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 .00 .00 958.07 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING | USERS 2,363 8 0 1 3 0 70 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 2.04 .00 69.64 | M UNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 .00 958.07 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR | USERS 2,363 8 0 1 3 0 70 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 .00 67,064.70 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 2.04 .00 .00 69.64 | M UNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 .00 .00 958.07 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING | USERS 2,363 8 0 1 3 0 70 0 1,134 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 532 0 963 0 3,702 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 .00 2.04 .00 .00 69.64 .00 100.84 | MUNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 .000 11.497 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 .00 .00 958.07 .00 329.19 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 1159.30 .00 |
| SOLANO COUNTY 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP | USERS 2,363 8 0 1 3 0 70 0 1,134 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 0 963 0 3,702 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 2.04 .00 69.64 .00 | M UNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 .000 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 .00 958.07 .00 329.19 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 1159.30 |
| 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | USERS 2,363 8 0 1 3 0 70 0 1,134 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 532 0 963 0 3,702 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 .00 2.04 .00 .00 69.64 .00 100.84 | MUNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 .000 11.497 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 .00 .00 958.07 .00 329.19 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 1159.30 .00 |
| 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN | USERS 2,363 8 0 1 3 0 70 0 1,134 0 1,125 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 0 3,702 0 2,411 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 .00 29,749.59 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 .00 2.04 .00 .00 69.64 .00 100.84 .00 12.34 | MUNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 .000 21.497 .000 7.488 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 .00 .00 958.07 .00 329.19 .00 26.44 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 1159.30 .00 92.39 |
| 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST | USERS 2,363 8 0 1 3 0 70 0 1,134 0 1,125 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 0 3,702 0 2,411 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 .00 29,749.59 .00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 .00 2.04 .00 .00 69.64 .00 100.84 .00 12.34 .00 | MUNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 .000 21.497 .000 7.488 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 .00 958.07 .00 329.19 .00 26.44 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 1159.30 .00 92.39 .00 |
| 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY | USERS 2,363 8 0 1 3 0 70 0 1,134 0 1,125 0 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 0 3,702 0 2,411 0 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 .00 29,749.59 .00 .00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 .00 2.04 .00 .00 69.64 .00 100.84 .00 12.34 .00 .00 | MUNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 .000 2.991 .000 7.488 .000 .000 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 .00 .00 958.07 .00 329.19 .00 26.44 .00 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 2159.30 .00 92.39 .00 .00 |
| 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | USERS 2,363 8 0 1 3 0 70 0 1,134 0 1,125 0 0 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 0 3,702 0 2,411 0 0 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 .00 29,749.59 .00 .00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 .00 2.04 .00 .00 69.64 .00 100.84 .00 12.34 .00 .00 .00 .00 | MUNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 .000 2.991 .000 7.488 .000 .000 .000 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 .00 958.07 .00 329.19 .00 26.44 .00 .00 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 1159.30 .00 92.39 .00 .00 .00 |
| 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS | USERS 2,363 8 0 1 3 0 70 0 1,134 0 1,125 0 0 0 0 0 0 0 0 0 0 0 0 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 0 3,702 0 2,411 0 0 0 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 .00 29,749.59 .00 .00 .00 .00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 .00 2.04 .00 .00 69.64 .00 100.84 .00 12.34 .00 .00 .00 .00 .00 | MUNITS/DAY PER ELIG 81.919 .494 .000 .006 1.652 .000 1.652 .000 2.991 .000 2.991 .000 7.488 .000 .000 .000 .000 .000 .000 .000 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 361.33 .00 .00 958.07 .00 329.19 .00 26.44 .00 .00 .00 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 1159.30 .00 92.39 .00 .00 .00 .00 .00 .00 .00 .00 |
| 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS | USERS 2,363 8 0 1 3 0 70 0 1,134 0 1,125 0 0 0 0 0 0 0 0 0 0 0 0 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 0 3,702 0 2,411 0 0 0 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 .00 29,749.59 .00 .00 .00 .00 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 2.04 .00 .00 69.64 .00 100.84 .00 12.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MO UNITS/DAY PER ELIG 81.919 .494 .000 .006 .1.652 .000 .000 .2.991 .000 .11.497 .000 .7.488 .000 .000 .000 .000 .000 .000 .000 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 .00 958.07 .00 329.19 .00 26.44 .00 .00 .00 .00 .00 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 1159.30 .00 92.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST | USERS 2,363 8 0 1 3 0 70 0 1,134 0 1,125 0 0 0 0 0 0 0 0 0 0 0 0 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 0 3,702 0 2,411 0 0 0 0 0 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 .00 29,749.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 2.04 .00 .00 69.64 .00 100.84 .00 12.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MO | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 .00 .00 .00 .00 26.44 .00 .00 .00 .00 .00 .00 .00 .00 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 1159.30 .00 92.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| 322 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY | USERS 2,363 8 0 1 3 0 70 0 1,134 0 1,125 0 0 0 0 0 0 0 0 0 0 0 0 0 | E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 26,378 159 0 2 532 0 532 0 963 0 3,702 0 2,411 0 0 0 0 0 0 0 0 0 | ED E E | EXPENDITURES 484,070.05 3,378.12 .00 54.79 1,084.00 .00 1,084.00 .00 67,064.70 .00 373,296.10 .00 29,749.59 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVE PER | RAGE COST UNIT/DAY 18.35 21.25 .00 27.40 2.04 .00 2.04 .00 .00 69.64 .00 100.84 .00 12.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MO UNITS/DAY PER ELIG 81.919 .494 .000 .006 .1.652 .000 .000 .2.991 .000 .11.497 .000 .7.488 .000 .000 .000 .000 .000 .000 .000 | IONT 'S | CHLY AVERA COST PER USER 204.85 422.27 .00 54.79 361.33 .00 .00 .00 .00 .00 .00 .00 .00 .00 | .GE | 03/14/05 COST PER ELIGIBLE 1503.32 10.49 .00 .17 3.37 .00 3.37 .00 208.28 .00 1159.30 .00 92.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |

| LOCAL EDUCATION AGENCIES | 2 | 7 | 72.80 | 10.40 | .022 | 36.40 | .23 |
|-------------------------------|----|--------|-----------------|-------------|--------|--------------|-------------|
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 68 | 18,553 | 5,365.28 | .29 | 57.618 | 78.90 | 16.66 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 63 | 163 | \$ 13,257.32 | \$ 81.33 | .506 | \$ 210.43 | \$ 41.17 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,261 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| Table Comparison Comparis | SOLANO COUNTY | SUMMARY OF SER | VICES FOR ALL BLIND | | | | | |
|--|----------------------------|----------------|---------------------|--------------|-----------|-----------|-------------|---------|
| ### CTOTAL, ALL PROVIDERS 30 | | | | | | MONT | HLY AVERAGE | |
| ### PROVIDERS 307 | 13 ELIGIBLES | USERS | | EXPENDITURES | | | COST PER | |
| PHINSICIANS SERVICES | | | | | | PER ELIG | | |
| OUTPATIENT VISITS 0 0 0 0 00 00 00 00 00 00 00 00 00 00 | | 307 | | | | | | |
| OFFICE VISITS 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 | @PHYSICIANS SERVICES | - | 7 \$ | | \$ 140.79 | • | | 75.81 |
| HOME VISITS | | | | | | | | |
| MERCRENCY ROOM | OFFICE VISITS | 0 | - | | | | .00 | .00 |
| PREVENTIVE CARE | | 0 | • | | | | | |
| ON STRITS/COMPRE PERI 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EMERGENCY ROOM | 0 | | | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT O 0 0 0 00 000 000 000 000 000 100 100 1 | PREVENTIVE CARE | 0 | g . | | .00 | .000 | .00 | .00 |
| INPATEDNY VISITS | OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 | OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE SNF/ICF/TRANS IP CARE O O OHTHALMOLOGICAL SERVICES O O OHTHALMOLOGICAL SERVICES O O O SERVICES AND MATERIALS O O O SERVICES AND MATERIALS O O O O O O O O O O O O O O O O O O O | INPATIENT VISITS | 0 | ũ . | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS SERVICES AND MATERIALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS 0 | OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY 0 | EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 | PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY 1 2 960.69 480.35 .154 960.69 73.90 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY 0 0 .00< | PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION 0 0 .00 | RADIOLOGY | 1 | 2 | 960.69 | 480.35 | .154 | 960.69 | 73.90 |
| OTHER SERVICES/ALL X-OVERS 3 5 24.86 4.97 .385 8.29 1.91 @PHARMACY 84 239 \$ 27,364.39 \$ 114.50 18.385 \$ 325.77 \$ 2104.95 PRESCRIPTION DRUGS 71 126 26,181.76 207.79 9.692 368.76 2013.98 SNF/ICF 1 5 216.30 43.26 .385 216.30 16.64 OUTPATIENTS 70 121 25,965.46 214.59 9.308 370.94 1997.34 MEDICAL SUPPLIES 13 113 1,182.63 10.47 8.692 90.97 90.97 @DENTIST 91 403 \$ 15,965.75 \$ 39.62 31.000 \$ 175.45 \$ 1228.13 VISITS - DIAGNOSTIC 63 255 3,177.75 12.46 19.615 50.44 244.44 ORAL SURGERY 9 43 1,665.00 38.72 3.308 185.00 128.08 DRUGS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY 84 239 \$ 27,364.39 \$ 114.50 18.385 \$ 325.77 \$ 2104.95 PRESCRIPTION DRUGS 71 126 26,181.76 207.79 9.692 368.76 2013.98 SNF/ICF 1 5 216.30 43.26 .385 216.30 16.64 OUTPATIENTS 70 121 25,965.46 214.59 9.308 370.94 1997.34 MEDICAL SUPPLIES 13 113 1,182.63 10.47 8.692 90.97 90.97 @DENTIST 91 403 \$ 15,965.75 \$ 39.62 31.000 \$ 175.45 \$ 1228.13 VISITS - DIAGNOSTIC 63 255 3,177.75 12.46 19.615 50.44 244.44 ORAL SURGERY 9 43 1,665.00 38.72 3.308 185.00 128.08 DRUGS 0 0 .00 .00 .00 .00 .00 .00 | IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRESCRIPTION DRUGS 71 126 26,181.76 207.79 9.692 368.76 2013.98 SNF/ICF 1 5 216.30 43.26 .385 216.30 16.64 OUTPATIENTS 70 121 25,965.46 214.59 9.308 370.94 1997.34 MEDICAL SUPPLIES 13 113 1,182.63 10.47 8.692 90.97 90.97 @DENTIST 91 403 \$ 15,965.75 \$ 39.62 31.000 \$ 175.45 \$ 1228.13 VISITS - DIAGNOSTIC 63 255 3,177.75 12.46 19.615 50.44 244.44 ORAL SURGERY 9 43 1,665.00 38.72 3.308 185.00 128.08 DRUGS 0 0 .00 .00 .00 .00 .00 .00 | OTHER SERVICES/ALL X-OVERS | 3 | 5 | 24.86 | 4.97 | .385 | 8.29 | 1.91 |
| SNF/ICF 1 5 216.30 43.26 .385 216.30 16.64 OUTPATIENTS 70 121 25,965.46 214.59 9.308 370.94 1997.34 MEDICAL SUPPLIES 13 113 1,182.63 10.47 8.692 90.97 90.97 @DENTIST 91 403 \$ 15,965.75 \$ 39.62 31.000 \$ 175.45 \$ 1228.13 VISITS - DIAGNOSTIC 63 255 3,177.75 12.46 19.615 50.44 244.44 ORAL SURGERY 9 43 1,665.00 38.72 3.308 185.00 128.08 DRUGS 0 0 .00 .00 .00 .00 .00 .00 | @PHARMACY | 84 | 239 \$ | 27,364.39 | \$ 114.50 | 18.385 \$ | 325.77 \$ | 2104.95 |
| OUTPATIENTS 70 121 25,965.46 214.59 9.308 370.94 1997.34 MEDICAL SUPPLIES 13 113 1,182.63 10.47 8.692 90.97 90.97 @DENTIST 91 403 \$ 15,965.75 \$ 39.62 31.000 \$ 175.45 \$ 1228.13 VISITS - DIAGNOSTIC 63 255 3,177.75 12.46 19.615 50.44 244.44 ORAL SURGERY 9 43 1,665.00 38.72 3.308 185.00 128.08 DRUGS 0 0 .00 .00 .00 .00 .00 .00 | PRESCRIPTION DRUGS | 71 | 126 | 26,181.76 | 207.79 | 9.692 | 368.76 | 2013.98 |
| MEDICAL SUPPLIES 13 113 1,182.63 10.47 8.692 90.97 90.97 @DENTIST 91 403 \$ 15,965.75 \$ 39.62 31.000 \$ 175.45 \$ 1228.13 VISITS - DIAGNOSTIC 63 255 3,177.75 12.46 19.615 50.44 244.44 ORAL SURGERY 9 43 1,665.00 38.72 3.308 185.00 128.08 DRUGS 0 0 .00 .00 .00 .00 .00 | SNF/ICF | 1 | 5 | 216.30 | 43.26 | .385 | 216.30 | 16.64 |
| @DENTIST 91 403 \$ 15,965.75 \$ 39.62 31.000 \$ 175.45 \$ 1228.13 VISITS - DIAGNOSTIC 63 255 3,177.75 12.46 19.615 50.44 244.44 ORAL SURGERY 9 43 1,665.00 38.72 3.308 185.00 128.08 DRUGS 0 0 .00 .00 .00 .00 .00 .00 | OUTPATIENTS | 70 | 121 | 25,965.46 | 214.59 | 9.308 | 370.94 | 1997.34 |
| VISITS - DIAGNOSTIC 63 255 3,177.75 12.46 19.615 50.44 244.44 ORAL SURGERY 9 43 1,665.00 38.72 3.308 185.00 128.08 DRUGS 0 0 .00 .00 .00 .00 .00 .00 | MEDICAL SUPPLIES | 13 | 113 | 1,182.63 | 10.47 | 8.692 | 90.97 | 90.97 |
| ORAL SURGERY 9 43 1,665.00 38.72 3.308 185.00 128.08 DRUGS 0 0 .00 .00 .00 .00 .00 .00 | @DENTIST | 91 | 403 \$ | 15,965.75 | \$ 39.62 | 31.000 \$ | 175.45 \$ | 1228.13 |
| ORAL SURGERY 9 43 1,665.00 38.72 3.308 185.00 128.08 DRUGS 0 0 .00 .00 .00 .00 .00 .00 | VISITS - DIAGNOSTIC | 63 | 255 | | 12.46 | 19.615 | 50.44 | 244.44 |
| 21.000 | ORAL SURGERY | 9 | 43 | | 38.72 | 3.308 | 185.00 | 128.08 |
| ANESTHESIA 2 2 200.00 100.00 .154 100.00 15.38 | DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .154 | 100.00 | 15.38 |

| PERIODONTICS | 3 | 3 | 291.00 | 97.00 | .231 | 97.00 | 22.38 |
|----------------------------|---------------------|-----------------|-----------------------|-------------|-----------|---------------|-------------|
| ENDODONTICS | 4 | 5 | 1,190.00 | 238.00 | .385 | 297.50 | 91.54 |
| RESTORATIVE DENTISTRY | 19 | 59 | 3,917.00 | 66.39 | 4.538 | 206.16 | 301.31 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 17 | 32 | 5,525.00 | 172.66 | 2.462 | 325.00 | 425.00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 3 | 4 | .00 | .00 | .308 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITURES | MONTH-OF-PAYMENT REPO | ORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 15,262 |
| MOP024 | FEE-FOR-SERVICE/DEN | TAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR ALL BLIND | | | | | |
| | | | | | M | ONTHLY AVERAG | GE |

AVERAGE COST UNITS/DAYS COST PER 13 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY USER OR DAYS OF CARE PER ELIG ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 \$.00 \$.00 .000 \$.00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 @PODIATRIST .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 .00 0 .00 @HOME HEALTH AGENCY .00 .00 .000 \$ \$.00 0 NURSE ANESTHESIST .00 .00 .000 .00 \$.00 0 .00 NURSE MIDWIFE .00 \$.00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 76.76 9.60 .615 38.38 5.90 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM 0 ANCILLARIES .00 .00 .000 .00 .00 0 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 76.76 HOSP OUTPATIENT TOTAL 9.60 .615 38.38 5.90 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 8 76.76 PATHOLOGY 9.60 .615 38.38 5.90 RADIOLOGY 0 .00 .00 .000 .00 .00 0 .00 ROOM USE .00 .00 .000 .00 0 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 HSC HOSPITALS .00 .000 .00 0 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------|-----------------------|--------------------|-----------------|--------------|-------------|-------------|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES I | MONTH-OF-PAYMENT R | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 15,263 |
| MOP024 | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR ALL BLIND | | | | | |
| | | | | | | THLY AVERAG | |
| 13 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | _ | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2 | 8 \$ | 76.76 | \$ 9.60 | .615 \$ | | \$ 5.90 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| IO EFIGIDIES | USERS | UNIIS OF SERVICE | EXPENDITURES | TRAGE COSI | |) | COSI PER | COSI PER |
|-----------------------------|-------|------------------|----------------|--------------|----------|----|----------|--------------|
| | | OR DAYS OF CARE | | R UNIT/DAY | PER ELIG | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2 | 8 | \$ 76.76 | \$ 9.60 | .615 | \$ | 38.38 | \$ 5.90 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2 | 8 | 76.76 | 9.60 | .615 | | 38.38 | 5.90 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 2 | 8 | 76.76 | 9.60 | .615 | | 38.38 | 5.90 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @NURSING FACILITY | 1 | 61 | \$ 7,295.60 | \$ 119.60 | 4.692 | \$ | 7295.60 | \$ 561.20 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REGULAR | 1 | 61 | 7,295.60 | 119.60 | 4.692 | | 7295.60 | 561.20 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| | | | | | | | | |

| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|--------------------------------|-----------------|------------------|-----|--------------------|------|-------------|-----------|-----|-----------|----|------------|
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 44 | 56 | \$ | 3,841.53 | \$ | 68.60 | 4.308 | \$ | 87.31 | \$ | 295.50 |
| CLINIC | 1 | 1 | | 14.18 | | 14.18 | .077 | | 14.18 | | 1.09 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 43 | 55 | | 3,827.35 | | 69.59 | 4.231 | | 89.01 | | 294.41 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITU | RES | MONTH-OF-PAYMENT R | EPOR | r for jan : | 2004 THRU | DEC | 2004 | P | AGE 15,264 |
| MOP024 | FEE-FOR-SERVICE | L/DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR ALL BL | IND | | | | | | | | |
| | | | | | | | | | HLY AVERA | GΕ | |
| 13 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | ERAGE COST | / | - | COST PER | | COST PER |
| | | OR DAYS OF CAR | Ξ | | PEI | R UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 96 | 7,617 | \$ | 45,732.28 | \$ | 6.00 | 585.923 | \$ | 476.38 | \$ | 3517.87 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 26 | 121 | | 13,342.86 | | 110.27 | 9.308 | | 513.19 | | 1026.37 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 19 | 44 | | 494.86 | | 11.25 | 3.385 | | 26.05 | | 38.07 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|----|-------|--------------|--------------|---------|--------------|-------------|
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 47 | 7,258 | 26,136.06 | 3.60 | 558.308 | 556.09 | 2010.47 |
| EPSDT SUPPLEMENTAL SERVICE | 2 | 191 | 5,617.31 | 29.41 | 14.692 | 2808.66 | 432.10 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 2 | 3 | 141.19 | 47.06 | .231 | 70.60 | 10.86 |
| @CALIF. CHILDREN SERVICES* | 1 | 2 | \$ 960.69 | \$ 480.35 | .154 | \$ 960.69 | \$ 73.90 |
| @XOVER EXCLUDING STATE HOSP** | 4 | 7 | \$ 158.56 | \$ 22.65 | .538 | \$ 39.64 | \$ 12.20 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 15,265 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

| 1,261 ELICIBLES | 502III.0 000II.11 | 00111111111 | .1020 1011 1122 510115225 | | | MONT | HLY AVERA | GE |
|--|---|-------------|---------------------------|-------------------|--------------|------------|-----------|------------|
| PRINT PRIN | 1,261 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| SPHYSICIANS SERVICES 310 989 \$ 34,992.85 \$ 35.38 .784 \$ 112.88 \$ 27.75 | , | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| SPHYSICIANS SERVICES 310 989 \$ 34,992.85 \$ 35.38 .784 \$ 112.88 \$ 27.75 | @TOTAL, ALL PROVIDERS | 24,293 | 198,599 \$ | 10,723,490.32 | \$ 54.00 | 157.493 \$ | 441.42 | \$ 8503.96 |
| OUTPATIENT VISITS 107 130 6,327.60 48.67 1.03 59.14 5.02 OFFICE VISITS 48 52 1,600.11 30.77 .041 33.34 1.27 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | @PHYSICIANS SERVICES | • | | | \$ 35.38 | .784 \$ | 112.88 | \$ 27.75 |
| OFFICE VISITS 48 52 1,000.11 30.77 .041 33.34 1.27 HOME VISITS 0 0 0 0.00 .000 .000 .000 .000 .000 . | | 107 | 130 | | 48.67 | .103 | 59.14 | 5.02 |
| EMERGENCY ROOM 53 62 4,030.33 65.01 .049 76.04 3.20 PREVENTIVE CARE 1 1 1 49.90 49.90 .001 49.90 .04 OB VISITS/COMPRE PERI 2 4 241.92 60.48 .003 120.96 .19 OTHER OUTPATIENT 9 11 405.34 36.85 .009 45.04 .32 INPATIENT VISITS 37 118 4,53.50 38.50 .094 122.80 3.60 HOSPITAL VISITS 27 100 3,817.76 38.18 .079 141.40 3.03 CRITICAL CARE 3 4 224.04 81.01 .003 108.01 .26 SNF/ICF/TRANS IP CARE 10 14 401.70 28.69 .011 40.17 .32 OTHER OUTPATIENT OF CARE 10 14 57.79 57.79 .001 57.79 .05 EXAMINATIONS 1 1 1 57.79 57.79 .001 57.79 .05 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGENY 11 55 4,487.13 81.58 .044 407.92 3.56 PRINCIPAL SURGEON 4 12 3,274.97 272.91 .010 818.74 2.60 ASSISTANT SURGEON 16 2 2 108.25 54.13 .002 54.13 .09 ANESTHESIOLOGIST 6 41 1,103.91 26.92 .033 183.99 .88 OUTPATIENT HOSPITAL SURGERY 19 35 3,019.78 86.28 .028 158.94 2.39 PRINCIPAL SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 16 20 3.94 PARTICIPAL SURGEON 16 20 3.94 PART | OFFICE VISITS | 48 | 52 | | 30.77 | .041 | 33.34 | 1.27 |
| PREVENTIVE CARE 1 1 1 49.90 49.90 .001 49.90 .04 0B VISITS/COMPRE PERI 2 4 241.92 60.48 .003 120.96 .19 OTHER OUTPATIENT 9 11 405.34 36.85 .009 45.04 .32 INPATIENT VISITS 37 118 4,543.50 38.50 .094 122.80 3.60 HOSPITAL VISITS 27 100 3,817.76 38.18 .079 141.40 3.03 CRITICAL CARE 3 4 324.04 81.01 .003 108.01 .26 SNF/ICF/TRANS IP CARE 10 14 401.70 28.69 .011 40.17 .32 OPHTHALMOLOGICAL SERVICES 1 1 1 57.79 57.79 .001 57.79 .05 EXAMINATIONS 1 1 57.79 57.79 .001 57.79 .05 EXAMINATIONS 1 1 57.79 57.79 .001 57.79 .05 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI 2 4 241.92 60.48 .003 120.96 .19 OTHER OUTPATIENT 9 11 405.34 36.85 .009 45.04 .32 INPATIENT VISITS 37 118 4,543.50 38.50 .094 122.80 3.60 HOSPITAL VISITS 27 100 3,817.76 38.18 .079 141.40 3.03 CRITICAL CARE 3 4 324.04 81.01 .003 108.01 .26 SNF/ICF/TRANS IP CARE 10 14 401.70 28.69 .011 40.17 .32 OPHTHALMOLOGICAL SERVICES 1 1 57.79 57.79 .001 57.79 .05 SERVICES AND MATERIALS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 11 55 4,487.13 81.58 .044 407.92 3.56 PRINCIPAL SURGEON 4 12 3,274.97 272.91 .010 818.74 2.60 ASSISTANT SURGEON 2 2 108.25 54.13 .002 54.13 .09 ANESTHESIOLOGIST 6 41 1,103.91 26.92 .033 183.99 .88 OUTPATIENT SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EMERGENCY ROOM | 53 | 62 | 4,030.33 | 65.01 | .049 | 76.04 | 3.20 |
| OTHER OUTPATIENT 9 11 405.34 36.85 0.09 45.04 3.22 INPATIENT VISITS 37 118 4,543.50 38.50 0.94 122.80 3.60 HOSPITAL VISITS 27 100 3,817.76 38.18 0.79 122.80 3.60 SEPTIAL VISITS 27 100 3,817.6 38.18 0.79 1241.40 3.03 CRITICAL CARE 3 4 324.04 81.01 0.03 108.01 2.66 SINF/ICE/TRANS IP CARE 10 14 401.70 28.69 0.011 40.17 3.22 OPHTHALMOLOGICAL SERVICES 1 1 1 57.79 57.79 0.01 57.79 0.05 EXAMINATIONS 1 1 1 57.79 57.79 0.01 57.79 0.05 SERVICES AND MATERIALS 0 0 0 0.00 0.00 0.00 1.00 1.00 1.00 1. | PREVENTIVE CARE | 1 | 1 | 49.90 | 49.90 | .001 | 49.90 | .04 |
| INPATIENT VISITS 37 118 4,543.50 38.50 .094 122.80 3.60 HOSPITAL VISITS 27 100 3,817.76 38.18 .079 141.40 3.03 CRITICAL CARE 3 4 324.04 81.01 .003 108.01 .26 SMF/ICF/TRANS IP CARE 10 14 401.70 28.69 .011 40.17 .32 OPHTHALMOLOGICAL SERVICES 1 1 1 57.79 57.79 .001 57.79 .05 EXAMINATIONS 1 1 1 57.79 57.79 .001 57.79 .05 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | OB VISITS/COMPRE PERI | 2 | 4 | 241.92 | 60.48 | .003 | 120.96 | .19 |
| HOSPITAL VISITS | OTHER OUTPATIENT | 9 | 11 | 405.34 | 36.85 | .009 | 45.04 | .32 |
| CRITICAL CARE 3 4 324.04 81.01 .003 108.01 .26 SNF/ICF/TRANS IP CARE 10 14 401.70 28.69 .011 40.17 .32 .35 .36 .36 .25 .210 44.74 1.31 .26 SNF/ICF/TRANS IP CARE 10 14 401.70 28.69 .011 40.17 .32 .36 .36 .36 .36 .36 .36 .36 .37 .36 .37 .36 .37 .37 .38 .48 .48 .32 .04 .32 .04 .31 .32 .32 .32 .32 .32 .32 .32 .32 .32 .32 | INPATIENT VISITS | 37 | 118 | 4,543.50 | 38.50 | .094 | 122.80 | 3.60 |
| SNF/ICF/TRANS IP CARE 10 | HOSPITAL VISITS | 27 | 100 | 3,817.76 | | .079 | 141.40 | 3.03 |
| OPHTHALMOLOGICAL SERVICES 1 1 1 57.79 57.79 .001 57.79 .05 EXAMINATIONS 1 1 1 57.79 57.79 .001 57.79 .05 SERVICES AND MATERIALS 0 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 11 55 4,487.13 81.58 .044 407.92 3.56 PRINCIPAL SURGEON 4 12 3,274.97 272.91 .010 818.74 2.60 ASSISTANT SURGEON 2 2 108.25 54.13 .002 54.13 .09 ANESTHESIOLOGIST 6 41 1,103.91 26.92 .033 183.99 .88 OUTPATIENT SURGERY 19 35 3,019.78 86.28 .028 158.94 2.39 PRINCIPAL SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 0 0 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 15 533.42 35.56 .012 177.81 .42 DIALYSIS 2 14 441.10 31.51 .011 220.55 .35 PATHOLOGY 37 265 1,655.53 6.25 .210 44.74 1.31 RADIOLOGY 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIARTY 2 2 2 660.54 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 ØPHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | CRITICAL CARE | 3 | 4 | 324.04 | 81.01 | .003 | 108.01 | .26 |
| EXAMINATIONS 1 1 1 57.79 57.79 .001 57.79 .05 SERVICES AND MATERIALS 0 0 0 0 .00 .00 .000 .000 .00 .00 INPATIENT HOSPITAL SURGERY 11 55 4,487.13 81.58 .044 407.92 3.56 PRINCIPAL SURGEON 4 12 3,274.97 272.91 .010 818.74 2.60 ASSISTANT SURGEON 2 2 2 108.25 54.13 .002 54.13 .09 ANESTHESIOLOGIST 6 41 1,103.91 26.92 .033 183.99 .88 OUTPATIENT SURGERY 19 35 3,019.78 86.28 .028 158.94 2.39 PRINCIPAL SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 15 533.42 35.56 .012 177.81 .42 DIALYSIS 2 14 441.10 31.51 .011 220.55 .35 PATHOLOGY 37 265 1,655.53 6.25 .210 44.74 1.31 RADIOLOGY 37 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIATRY 2 2 2 60.54 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,868.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 880 2,967 438,826.05 147.90 2.353 528.71 348.00 | SNF/ICF/TRANS IP CARE | 10 | 14 | 401.70 | 28.69 | .011 | 40.17 | .32 |
| SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 11 55 4,487.13 81.58 .044 407.92 3.56 PRINCIPAL SURGEON 4 12 3,274.97 272.91 .010 818.74 2.60 ASSISTANT SURGEON 2 2 108.25 54.13 .002 54.13 .09 ANESTHESIOLOGIST 6 41 1,103.91 26.92 .033 183.99 .88 OUTPATIENT SURGERY 19 35 3,019.78 86.28 .028 158.94 2.39 PRINCIPAL SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 0 0 .00 < | OPHTHALMOLOGICAL SERVICES | 1 | 1 | 57.79 | 57.79 | .001 | 57.79 | .05 |
| INPATIENT HOSPITAL SURGERY 11 55 4,487.13 81.58 .044 407.92 3.56 PRINCIPAL SURGEON 4 12 3,274.97 272.91 .010 818.74 2.60 ASSISTANT SURGEON 2 2 108.25 54.13 .002 54.13 .09 ANESTHESIOLOGIST 6 41 1,103.91 26.92 .033 183.99 .88 OUTPATIENT SURGERY 19 35 3,019.78 86.28 .028 158.94 2.39 PRINCIPAL SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 15 533.42 35.56 .012 177.81 .42 DIALYSIS 2 14 441.10 31.51 .011 220.55 .35 PATHOLOGY 37 265 1,655.53 6.25 .210 44.74 1.31 RADIOLOGY 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIATRY 2 2 2 2 60.54 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 5 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 \$ 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 \$ 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 \$ 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 \$ 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 47.79 \$ 5465.78 B PRESCRIPTION DRUGS 13,706 29,306 6 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF | EXAMINATIONS | 1 | 1 | 57.79 | 57.79 | .001 | 57.79 | .05 |
| PRINCIPAL SURGEON 4 12 3,274.97 272.91 .010 818.74 2.60 ASSISTANT SURCEON 2 2 108.25 54.13 .002 54.13 .09 ANESTHESIOLOGIST 6 41 1,103.91 26.92 .033 183.99 .88 OUTFATIENT SURGERY 19 35 3,019.78 86.28 .028 158.94 2.39 PRINCIPAL SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURCEON 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0 | SERVICES AND MATERIALS | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON 2 2 108.25 54.13 .002 54.13 .09 ANESTHESIOLOGIST 6 41 1,103.91 26.92 .033 183.99 .88 OUTPATIENT SURGERY 19 35 3,019.78 86.28 .028 158.94 2.39 PRINCIPAL SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 0 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 3 15 533.42 35.56 .012 177.81 .42 DIALYSIS 2 14 441.10 31.51 .011 220.55 .35 PATHOLOGY 37 265 1,655.53 6.25 .210 44.74 1.31 RADIOLOGY 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIATRY 2 2 2 60.54 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 GPHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | INPATIENT HOSPITAL SURGERY | 11 | | 4,487.13 | | .044 | 407.92 | 3.56 |
| ANESTHESIOLOGIST 6 41 1,103.91 26.92 .033 183.99 .88 OUTPATIENT SURGERY 19 35 3,019.78 86.28 .028 158.94 2.39 PRINCIPAL SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 15 533.42 35.56 .012 177.81 .42 DIALYSIS 2 14 441.10 31.51 .011 220.55 .35 PATHOLOGY 37 265 1,655.53 6.25 .210 44.74 1.31 RADIOLOGY 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIATRY 2 2 2 6.054 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | PRINCIPAL SURGEON | 4 | | 3,274.97 | | | | 2.60 |
| OUTPATIENT SURGERY 19 35 3,019.78 86.28 .028 158.94 2.39 PRINCIPAL SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURCEON 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 15 533.42 35.56 .012 177.81 .42 DIALYSIS 2 14 441.10 31.51 .011 220.55 .35 PATHOLOGY 37 265 1,655.53 6.25 .210 44.74 1.31 RADIOLOGY 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIATRY 2 2 2 60.54 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | ASSISTANT SURGEON | 2 | | | | | | .09 |
| PRINCIPAL SURGEON 16 20 2,486.36 124.32 .016 155.40 1.97 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 15 533.42 35.56 .012 177.81 .42 DIALYSIS 2 14 441.10 31.51 .011 220.55 .35 PATHOLOGY 37 265 1,655.53 6.25 .210 44.74 1.31 RADIOLOGY 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIATRY 2 2 2 60.54 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | ANESTHESIOLOGIST | • | | | | | | .88 |
| ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | OUTPATIENT SURGERY | | | 3 , 019.78 | | .028 | 158.94 | 2.39 |
| ANESTHESIOLOGIST 3 15 533.42 35.56 .012 177.81 .42 DIALYSIS 2 14 441.10 31.51 .011 220.55 .35 PATHOLOGY 37 265 1,655.53 6.25 .210 44.74 1.31 RADIOLOGY 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIATRY 2 2 2 60.54 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | | | | • | | | | |
| DIALYSIS 2 14 441.10 31.51 .011 220.55 .35 PATHOLOGY 37 265 1,655.53 6.25 .210 44.74 1.31 RADIOLOGY 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIATRY 2 2 60.54 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | ASSISTANT SURGEON | - | | | | | | .00 |
| PATHOLOGY 37 265 1,655.53 6.25 .210 44.74 1.31 RADIOLOGY 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIATRY 2 2 60.54 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | ANESTHESIOLOGIST | | | | | | | |
| RADIOLOGY 62 130 6,472.98 49.79 .103 104.40 5.13 PSYCHIATRY 2 2 60.54 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | | | | | | | | |
| PSYCHIATRY 2 2 60.54 30.27 .002 30.27 .05 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | PATHOLOGY | <u> </u> | | | | | | |
| IMMUNIZATION AND INJECTION 5 6 1,857.97 309.66 .005 371.59 1.47 OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | | | | | | | | |
| OTHER SERVICES/ALL X-OVERS 127 233 6,068.93 26.05 .185 47.79 4.81 @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | | | | | | | | |
| @PHARMACY 13,868 46,125 \$ 6,892,344.52 \$ 149.43 36.578 \$ 497.00 \$ 5465.78 PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | | | | | | | | |
| PRESCRIPTION DRUGS 13,706 29,306 6,866,796.36 234.31 23.240 501.01 5445.52 SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | | | | | | | | |
| SNF/ICF 830 2,967 438,826.05 147.90 2.353 528.71 348.00 | • | | | | | | | |
| | | | | | | | | |
| OUTPATIENTS 12,922 26,339 6,427,970.31 244.05 20.887 497.44 5097.52 | - · · · · · · · · · · · · · · · · · · · | | • | | | | | |
| | OUTPATIENTS | 12,922 | 26,339 | 6,427,970.31 | 244.05 | 20.887 | 497.44 | 5097.52 |

| 0.0.5 | | 0= = 40 4 6 | | 40.000 | | |
|--------------------|--|---|--|--|---|--|
| | 16,819 | 25,548.16 | | | | 20.26 |
| 5 , 809 | 28 , 312 | \$ 911,486.31 | \$ 32.19 | 22.452 | \$ 156.91 | \$ 722.83 |
| 4,180 | 18,998 | 225,360.91 | 11.86 | 15.066 | 53.91 | 178.72 |
| 904 | 2,662 | 132,000.05 | 49.59 | 2.111 | 146.02 | 104.68 |
| 32 | 49 | 670.00 | 13.67 | .039 | 20.94 | .53 |
| 39 | 40 | 3,600.00 | 90.00 | .032 | 92.31 | 2.85 |
| 346 | 363 | 38,534.70 | 106.16 | .288 | 111.37 | 30.56 |
| 211 | 296 | 66,071.00 | 223.21 | .235 | 313.13 | 52.40 |
| 1,378 | 3,601 | 199,490.40 | 55.40 | 2.856 | 144.77 | 158.20 |
| 51 | 53 | 1,402.50 | 26.46 | .042 | 27.50 | 1.11 |
| 626 | 2,064 | 237,014.75 | 114.83 | 1.637 | 378.62 | 187.96 |
| 3 | 4 | 462.00 | 115.50 | .003 | 154.00 | .37 |
| 5 | 7 | 400.00 | 57.14 | .006 | 80.00 | .32 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 66 | 84 | 6,255.00 | 74.46 | .067 | 94.77 | 4.96 |
| 104 | 91 | 225.00 | 2.47 | .072 | 2.16 | .18 |
| MEDI-CAL SERVICES | AND EXPENDITURE | S MONTH-OF-PAYMENT | REPORT FOR JAN | 2004 THRU I | DEC 2004 | PAGE 15,266 |
| FEE-FOR-SERVICE/DE | CNTAL | | | | | 03/14/05 |
| SUMMARY OF SERVICE | S FOR ALL DISA | BLED | | | | |
| | | | | MO | ONTHLY AVERA | GE |
| | 904 32 39 346 211 1,378 51 626 3 5 0 66 104 MEDI-CAL SERVICES FEE-FOR-SERVICE/DE | 5,809 28,312 4,180 18,998 904 2,662 32 49 39 40 346 363 211 296 1,378 3,601 51 53 626 2,064 3 4 5 7 0 0 0 66 84 104 91 MEDI-CAL SERVICES AND EXPENDITURE FEE-FOR-SERVICE/DENTAL | 5,809 28,312 \$ 911,486.31 4,180 18,998 225,360.91 904 2,662 132,000.05 32 49 670.00 39 40 3,600.00 346 363 38,534.70 211 296 66,071.00 1,378 3,601 199,490.40 51 53 1,402.50 626 2,064 237,014.75 3 4 462.00 5 7 400.00 0 0 .00 66 84 6,255.00 104 91 225.00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT FEE-FOR-SERVICE/DENTAL | 5,809 28,312 \$ 911,486.31 \$ 32.19 4,180 18,998 225,360.91 11.86 904 2,662 132,000.05 49.59 32 49 670.00 13.67 39 40 3,600.00 90.00 346 363 38,534.70 106.16 211 296 66,071.00 223.21 1,378 3,601 199,490.40 55.40 51 53 1,402.50 26.46 626 2,064 237,014.75 114.83 3 4 462.00 115.50 5 7 400.00 57.14 0 0 0 .00 66 84 6,255.00 74.46 104 91 225.00 2.47 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN FEE-FOR-SERVICE/DENTAL | 5,809 28,312 \$ 911,486.31 \$ 32.19 22.452 4,180 18,998 225,360.91 11.86 15.066 904 2,662 132,000.05 49.59 2.111 32 49 670.00 13.67 .039 39 40 3,600.00 90.00 .032 346 363 38,534.70 106.16 .288 211 296 66,071.00 223.21 .235 1,378 3,601 199,490.40 55.40 2.856 51 53 1,402.50 26.46 .042 626 2,064 237,014.75 114.83 1.637 3 4 462.00 115.50 .003 5 7 400.00 57.14 .006 0 0 .00 .00 .00 66 84 6,255.00 74.46 .067 104 91 225.00 2.47 .072 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED | 5,809 28,312 \$ 911,486.31 \$ 32.19 22.452 \$ 156.91 4,180 18,998 225,360.91 11.86 15.066 53.91 904 2,662 132,000.05 49.59 2.111 146.02 32 49 670.00 13.67 .039 20.94 39 40 3,600.00 90.00 .032 92.31 346 363 38,534.70 106.16 .288 111.37 211 296 66,071.00 223.21 .235 313.13 1,378 3,601 199,490.40 55.40 2.856 144.77 51 53 1,402.50 26.46 .042 27.50 626 2,064 237,014.75 114.83 1.637 378.62 3 4 462.00 115.50 .003 154.00 5 7 400.00 57.14 .006 80.00 0 0 .00 .00 .00 .00 .00 66 84 6,255.00 74.46 .067 94.77 < |

| 1,261 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | ERAGE COST | UNITS/DAY | S | COST PER | .01 | COST PER |
|------------------------------|-------|------------------|------------------|--------------|-----------|----|----------|-----|----------|
| _ | | OR DAYS OF CARE | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 24 | 79 | \$ 1,745.39 | \$ 22.09 | .063 | Ş | 72.72 | Ş | 1.38 |
| DIAGNOSTIC AND ANC. PROCED | 15 | 16 | 695.73 | 43.48 | .013 | | 46.38 | | .55 |
| EYE APPLIANCES | 23 | 62 | 980.76 | 15.82 | .049 | | 42.64 | | .78 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | 68.90 | 68.90 | .001 | | 68.90 | | .05 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 10 | 33 | \$ 198.82 | \$ 6.02 | .026 | \$ | | \$ | .16 |
| MEDICINE/INJECTIONS | 2 | 2 | 81.20 | 40.60 | .002 | | 40.60 | | .06 |
| SURGERY/ANES. | 1 | 1 | 11.00 | 11.00 | .001 | | 11.00 | | .01 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| OTHER | 8 | 30 | 106.62 | 3.55 | .024 | | 13.33 | | .08 |
| @HOME HEALTH AGENCY | 7 | 46 | \$ 3,279.63 | \$ 71.30 | .036 | \$ | 468.52 | \$ | 2.60 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 221 | 1,275 | \$ 606,550.89 | \$ 475.73 | 1.011 | \$ | 2744.57 | \$ | 481.01 |
| HOSP INPATIENT TOTAL | 39 | 240 | 576,522.48 | 2402.18 | .190 | | 14782.63 | | 457.19 |
| HSC HOSPITALS | 9 | 42 | 57,972.00 | 1380.29 | .033 | | 6441.33 | | 45.97 |
| NON-HSC HOSPITAL TOTAL | 28 | 198 | 516,762.48 | 2609.91 | .157 | | 18455.80 | | 409.80 |
| ACCOMMODATIONS | 28 | 198 | 134,063.56 | 677.09 | .157 | | 4787.98 | | 106.32 |
| ADMINISTRATIVE DAYS | 1 | 11 | 2,544.30 | 231.30 | .009 | | 2544.30 | | 2.02 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 27 | 187 | 131,519.26 | 703.31 | .148 | | 4871.08 | | 104.30 |
| ANCILLARIES | 28 | 0 | 382,698.92 | .00 | .000 | | 13667.82 | | 303.49 |
| INPATIENT CROSSOVERS | 3 | 0 | 1,788.00 | .00 | .000 | | 596.00 | | 1.42 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 185 | 1,035 | 30,028.41 | 29.01 | .821 | | 162.32 | | 23.81 |
| MEDICAL | 33 | 54 | 2,456.25 | 45.49 | .043 | | 74.43 | | 1.95 |
| SURGERY | 16 | 18 | 403.04 | 22.39 | .014 | | 25.19 | | .32 |
| PATHOLOGY | 52 | 269 | 2,589.52 | 9.63 | .213 | | 49.80 | | 2.05 |
| RADIOLOGY | 44 | 52 | 6,216.50 | 119.55 | .041 | | 141.28 | | 4.93 |
| ROOM USE | 89 | 124 | 5,337.11 | 43.04 | .098 | | 59.97 | | 4.23 |
| | | | , | | | | | | |

| CROSSOVERS/ALL OTH OUTPINT | 114 | 518 | | 13,025.99 | | 25.15 | .411 | 114.26 | | 10.33 | |
|-----------------------------|--------------------------|---------|---------|-------------------|-----|-----------|-----------|------------|------|----------|--|
| @COUNTY HOSPITAL TOTAL | 11 | 43 | \$ | 20,379.77 | \$ | 473.95 | .034 | \$ 1852.71 | \$ | 16.16 | |
| CO HOSPITAL INPATIENT TOTAL | 3 | 18 | | 19,905.00 | | 1105.83 | .014 | 6635.00 | | 15.79 | |
| HSC HOSPITALS | 3 | 18 | | 19,905.00 | | 1105.83 | .014 | 6635.00 | | 15.79 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| CO HOSP OUTPATIENT TOTAL | 8 | 25 | | 474.77 | | 18.99 | .020 | 59.35 | | .38 | |
| MEDICAL | 1 | 1 | | 46.06 | | 46.06 | .001 | 46.06 | | .04 | |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| PATHOLOGY | 4 | 15 | | 190.66 | | 12.71 | .012 | 47.67 | | .15 | |
| RADIOLOGY | 1 | 2 | | 41.22 | | 20.61 | .002 | 41.22 | | .03 | |
| ROOM USE | 4 | 5 | | 184.94 | | 36.99 | .004 | 46.24 | | .15 | |
| CROSSOVERS/ALL OTH OUTPINT | 2 | 2 | | 11.89 | | 5.95 | .002 | 5.95 | | .01 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITU | RES MOI | NTH-OF-PAYMENT RE | POR | T FOR JAN | 2004 THRU | DEC 2004 | PAG! | E 15,267 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 1 | 03/14/05 | |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | ALL DIS | SABLED | | | | | | | | |

| SOLANO COUNTI | SOMMANI OF SEN | VICES FOR ALL DISABLED | ' | | | | |
|-----------------------------|----------------|------------------------|---------------------|--------------|-------|--------------|-----------|
| | | | | | | ONTHLY AVERA | |
| 1,261 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 210 | 1,232 \$ | 586 , 171.12 | \$ 475.79 | | \$ 2791.29 | • |
| COMM HOSP INPATIENT TOTAL | 36 | 222 | 556 , 617.48 | 2507.29 | | 15461.60 | 441.41 |
| HSC HOSPITALS | 6 | 24 | 38,067.00 | 1586.13 | .019 | 6344.50 | 30.19 |
| NON-HSC HOSPITALS TOTAL | 28 | 198 | 516,762.48 | 2609.91 | .157 | 18455.80 | 409.80 |
| ACCOMMODATIONS | 28 | 198 | 134,063.56 | 677.09 | .157 | 4787.98 | 106.32 |
| ADMINISTRATIVE DAYS | 1 | 11 | 2,544.30 | 231.30 | .009 | 2544.30 | 2.02 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 27 | 187 | 131,519.26 | 703.31 | .148 | 4871.08 | 104.30 |
| ANCILLARIES | 28 | 0 | 382 , 698.92 | .00 | .000 | 13667.82 | 303.49 |
| INPATIENT CROSSOVERS | 3 | 0 | 1,788.00 | .00 | .000 | 596.00 | 1.42 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 177 | 1,010 | 29,553.64 | 29.26 | .801 | 166.97 | 23.44 |
| MEDICAL | 32 | 53 | 2,410.19 | 45.48 | .042 | 75.32 | 1.91 |
| SURGERY | 16 | 18 | 403.04 | 22.39 | .014 | 25.19 | .32 |
| PATHOLOGY | 48 | 254 | 2,398.86 | 9.44 | .201 | 49.98 | 1.90 |
| RADIOLOGY | 43 | 50 | 6,175.28 | 123.51 | .040 | 143.61 | 4.90 |
| ROOM USE | 85 | 119 | 5,152.17 | 43.30 | .094 | 60.61 | 4.09 |
| CROSSOVERS/ALL OTH OUTPTNT | 112 | 516 | 13,014.10 | 25.22 | .409 | 116.20 | 10.32 |
| @STATE HOSPITAL | 41 | 1,342 \$ | 684,100.84 | \$ 509.76 | 1.064 | \$ 16685.39 | \$ 542.51 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 41 | 1,342 | 684,100.84 | 509.76 | 1.064 | 16685.39 | 542.51 |
| @NURSING FACILITY | 51 | 1,870 \$ | 348,844.84 | \$ 186.55 | 1.483 | \$ 6840.09 | \$ 276.64 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 6 | 241 | 131,116.87 | 544.05 | .191 | 21852.81 | 103.98 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 45 | 1,629 | 217,727.97 | 133.66 | 1.292 | 4838.40 | 172.66 |
| @INTERMEDIATE CARE FACILDD | 4 | 183 \$ | 18,596.23 | \$ 101.62 | .145 | \$ 4649.06 | |
| ICF DDH | 2 | 153 | 12,972.61 | 84.79 | .121 | 6486.31 | 10.29 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| ICF DDN/DDCN | 2 | 30 | | 5,623.62 | | 187.45 | .024 | | 2811.81 | | 4.46 |
|------------------------------|--------------------|---------------|------|--------------------|--------|---------|-----------|-----|---------|----|------------|
| @HEMODIALYSIS TOTAL | 17 | 74 | \$ | 11,876.09 | \$ | 160.49 | .059 | \$ | 698.59 | \$ | 9.42 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 17 | 74 | | 11,876.09 | | 160.49 | .059 | | 698.59 | | 9.42 |
| @REHABILITATION FACILITY | 3 | 13 | \$ | 312.77 | \$ | 24.06 | .010 | \$ | 104.26 | \$ | .25 |
| HOSPITAL BASED | 1 | 1 | | 52.62 | | 52.62 | .001 | | 52.62 | | .04 |
| INDEPENDENT FACILITY | 2 | 12 | | 260.15 | | 21.68 | .010 | | 130.08 | | .21 |
| @LABORATORY FACILITY | 68 | 330 | \$ | 4,935.41 | \$ | 14.96 | .262 | \$ | 72.58 | \$ | 3.91 |
| PATHOLOGY | 67 | 320 | | 4,833.21 | | 15.10 | .254 | | 72.14 | | 3.83 |
| XO AND OTHERS | 1 | 10 | | 102.20 | | 10.22 | .008 | | 102.20 | | .08 |
| @ORGANIZED OUTPATIENT CLINIC | 1 , 575 | 2,371 | \$ | 173,369.40 | \$ | 73.12 | 1.880 | \$ | 110.08 | \$ | 137.49 |
| CLINIC | 35 | 84 | | 2,840.47 | | 33.82 | .067 | | 81.16 | | 2.25 |
| SURGICENTER | 1 | 4 | | 410.12 | | 102.53 | .003 | | 410.12 | | .33 |
| HEROIN DETOX CLINIC | 1 | 6 | | 91.01 | | 15.17 | .005 | | 91.01 | | .07 |
| RURAL HEALTH CLINIC | 1,540 | 2,277 | | 170,027.80 | | 74.67 | 1.806 | | 110.41 | | 134.84 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITU | IRES | MONTH-OF-PAYMENT H | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 15,268 |
| MOP024 | FEE-FOR-SERVICE/DE | ENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICE | ES FOR ALL DI | SABL | ED | | | | | | | |

| Sommo Counti | SOLUTION OF SERV | VIOLO ION HAD DIGHDED | | | MC | NTHLY AVERA | CF |
|--------------------------------|------------------|-----------------------|-------------------|--------------|--------|-------------|----------|
| 1,261 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| 1,201 111011110 | ODLING | OR DAYS OF CARE | DINI DINDI I ONDO | PER UNIT/DAY | , | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 4,467 | 115,557 \$ | 1,030,856.33 | \$ 8.92 | 91.639 | | |
| DURABLE MED. EQUIP. | 12 | 36 | 7,405.17 | 205.70 | .029 | 617.10 | 5.87 |
| BLOOD BANK | Ō | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 41 | 520 | 5,484.14 | 10.55 | .412 | 133.76 | 4.35 |
| AMBULANCES/AIR TRANS | 34 | 251 | 4,483.93 | 17.86 | .199 | 131.88 | 3.56 |
| OTHER TRANS | 9 | 269 | 1,000.21 | 3.72 | .213 | 111.13 | .79 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 24 | 254 | 17,683.76 | 69.62 | .201 | 736.82 | 14.02 |
| GENETIC DISEASE TESTING | 23 | 23 | 2,415.00 | 105.00 | .018 | 105.00 | 1.92 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 626 | 17,249 | 641,729.06 | 37.20 | 13.679 | 1025.13 | 508.90 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1,671 | 3,580 | 38,709.89 | 10.81 | 2.839 | 23.17 | 30.70 |
| PHYSICAL THERAPIST | 1 | 1 | 1.87 | 1.87 | .001 | 1.87 | .00 |
| PORTABLE X-RAY | 2 | 8 | 238.61 | 29.83 | .006 | 119.31 | .19 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 99.19 | 49.60 | .002 | 99.19 | .08 |
| HOSPICE SERVICES | 1 | 27 | 2,680.49 | 99.28 | .021 | 2680.49 | 2.13 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1,991 | 25 , 769 | 292,208.80 | 11.34 | 20.435 | 146.76 | 231.73 |
| EPSDT SUPPLEMENTAL SERVICE | 3 | 47 | 1,257.27 | 26.75 | .037 | 419.09 | 1.00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 111 | 68,041 | 20,943.08 | | 53.958 | 188.68 | 16.61 |
| @CALIF. CHILDREN SERVICES* | 43 | 904 \$ | 32,436.81 | \$ 35.88 | .717 | \$ 754.34 | \$ 25.72 |
| @XOVER EXCLUDING STATE HOSP** | 127 | 1,045 \$ | 29,526.51 | \$ 28.26 | .829 | \$ 232.49 | \$ 23.42 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

| SOLIANO COONTI | SOMMAN OF SEN | VICES FOR ALL PARTIES | | | 14011 | | ~= |
|----------------------------|---------------|-----------------------|-------------------|--------------|----------|----------|----------|
| 45 000 | | | | | MON | | - |
| 45,302 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 44,295 | 185,862 \$ | 8,203,134.62 | \$ 44.14 | 4.103 \$ | | |
| @PHYSICIANS SERVICES | 2,819 | 8,649 \$ | , | \$ 51.09 | .191 \$ | | • |
| OUTPATIENT VISITS | 1,368 | 2,196 | 124,258.51 | 56.58 | .048 | 90.83 | 2.74 |
| OFFICE VISITS | 188 | 215 | 12,642.42 | 58.80 | .005 | 67.25 | .28 |
| HOME VISITS | 4 | 5 | 201.17 | 40.23 | .000 | 50.29 | .00 |
| EMERGENCY ROOM | 598 | 655 | 40,646.23 | 62.06 | .014 | 67.97 | .90 |
| PREVENTIVE CARE | 1 | 1 | 65.78 | 65.78 | .000 | 65.78 | .00 |
| OB VISITS/COMPRE PERI | 587 | 1,299 | 70,143.32 | 54.00 | .029 | 119.49 | 1.55 |
| OTHER OUTPATIENT | 21 | 21 | 559.59 | 26.65 | .000 | 26.65 | .01 |
| INPATIENT VISITS | 330 | 794 | 44,469.32 | 56.01 | .018 | 134.76 | .98 |
| HOSPITAL VISITS | 317 | 666 | 29,693.55 | 44.58 | .015 | 93.67 | .66 |
| CRITICAL CARE | 16 | 128 | 14,775.77 | 115.44 | .003 | 923.49 | .33 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 65.02 | 32.51 | .000 | 32.51 | .00 |
| EXAMINATIONS | 2 | 2 | 65.02 | 32.51 | .000 | 32.51 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 412 | 1 , 672 | 188,641.83 | 112.82 | .037 | 457.87 | 4.16 |
| PRINCIPAL SURGEON | 251 | 253 | 149,762.30 | 591.95 | .006 | 596.66 | 3.31 |
| ASSISTANT SURGEON | 40 | 39 | 6,811.54 | 174.65 | .001 | 170.29 | .15 |
| ANESTHESIOLOGIST | 151 | 1,380 | 32,067.99 | 23.24 | .030 | 212.37 | .71 |
| OUTPATIENT SURGERY | 178 | 352 | 21,199.56 | 60.23 | .008 | 119.10 | .47 |
| PRINCIPAL SURGEON | 166 | 210 | 18,601.04 | 88.58 | .005 | 112.05 | .41 |
| ASSISTANT SURGEON | 2 | 2 | 130.70 | 65.35 | .000 | 65.35 | .00 |
| ANESTHESIOLOGIST | 17 | 140 | 2,467.82 | 17.63 | .003 | 145.17 | .05 |
| DIALYSIS | 3 | 3 | 506.68 | 168.89 | .000 | 168.89 | .01 |
| PATHOLOGY | 376 | 2,159 | 6 , 751.98 | 3.13 | .048 | 17.96 | .15 |
| RADIOLOGY | 789 | 1,199 | 45,598.99 | 38.03 | .026 | 57.79 | 1.01 |
| PSYCHIATRY | 1 | 1 | 23.22 | 23.22 | .000 | 23.22 | .00 |
| | | | | | | | |

| IMMUNIZATION AND INJECTION | 16 | 30 | 670.77 | 22.36 | .001 | 41.92 | .01 |
|----------------------------|---------------------|-----------------|--------------------|----------------|-----------|-----------|-------------|
| OTHER SERVICES/ALL X-OVERS | 212 | 241 | 9,708.14 | 40.28 | .005 | 45.79 | .21 |
| @PHARMACY | 3,491 | 7,202 | \$ 595,384.07 | \$ 82.67 | .159 | \$ 170.55 | \$ 13.14 |
| PRESCRIPTION DRUGS | 3,394 | 5 , 969 | 573,759.23 | 96.12 | .132 | 169.05 | 12.67 |
| SNF/ICF | 2 | 2 | 130.28 | 65.14 | .000 | 65.14 | .00 |
| OUTPATIENTS | 3,392 | 5 , 967 | 573,628.95 | 96.13 | .132 | 169.11 | 12.66 |
| MEDICAL SUPPLIES | 204 | 1,233 | 21,624.84 | 17.54 | .027 | 106.00 | .48 |
| @DENTIST | 20,002 | 103,271 | \$ 2,652,079.47 | \$ 25.68 | 2.280 | \$ 132.59 | \$ 58.54 |
| VISITS - DIAGNOSTIC | 15,524 | 74,744 | 1,036,031.53 | 13.86 | 1.650 | 66.74 | 22.87 |
| ORAL SURGERY | 2,531 | 5,044 | 272,334.79 | 53.99 | .111 | 107.60 | 6.01 |
| DRUGS | 636 | 726 | 16,002.93 | 22.04 | .016 | 25.16 | .35 |
| ANESTHESIA | 76 | 77 | 7,500.00 | 97.40 | .002 | 98.68 | .17 |
| PERIODONTICS | 437 | 447 | 43,115.20 | 96.45 | .010 | 98.66 | .95 |
| ENDODONTICS | 1,286 | 1,955 | 268,893.07 | 137.54 | .043 | 209.09 | 5.94 |
| RESTORATIVE DENTISTRY | 6,491 | 17 , 695 | 834,599.10 | 47.17 | .391 | 128.58 | 18.42 |
| PROSTHETICS | 56 | 59 | 1,719.50 | 29.14 | .001 | 30.71 | .04 |
| DENTURES, STAYPLATES | 254 | 1,068 | 101,618.35 | 95.15 | .024 | 400.07 | 2.24 |
| SPACE MAINTAINERS | 116 | 154 | 15,668.00 | 101.74 | .003 | 135.07 | .35 |
| MAXILLOFACIAL SERVICES | 19 | 19 | 810.00 | 42.63 | .000 | 42.63 | .02 |
| FRACTURES, DISLOCATIONS | 2 | 3 | 2,500.00 | 833.33 | .000 | 1250.00 | .06 |
| ORTHODONTIC SERVICES | 637 | 798 | 49,937.00 | 62.58 | .018 | 78.39 | 1.10 |
| ALL OTHER SERVICES | 358 | 482 | 1,350.00 | 2.80 | .011 | 3.77 | .03 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITURE | S MONTH-OF-PAYMENT | REPORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 15,270 |
| MOP024 | FEE-FOR-SERVICE/DEN | ΓAL | | | | | 03/14/05 |

SUMMARY OF SERVICES FOR ALL FAMILIES

SOLANO COUNTY

----- MONTHLY AVERAGE -----45,302 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 31 90 .002 \$ 68.18 \$ @OPTOMETRIST 2,113.71 \$ 23.49 .05 29 1,232.07 42.49 45.63 DIAGNOSTIC AND ANC. PROCED .001 .03 19 59 846.23 14.34 44.54 EYE APPLIANCES .001 .02 35.41 1 35.41 17.71 .00 OTHER OPTOMETRIC SERVICES .000 83.60 \$ 16.72 27.87 \$ @CHIROPRACTOR .000 \$.00 VISITS 83.60 16.72 .000 27.87 .00 0 .00 .00 .00 OTHER SERVICES .000 .00 @PODIATRIST 1 62.41 \$ 62.41 .000 \$ 62.41 \$.00 MEDICINE/INJECTIONS 62.41 62.41 .000 62.41 .00 0 .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 RADIO./PATHOLOGY .00 .000 .00 OTHER .00 .00 .000 .00 .00 5 284.84 \$ 56.97 .000 \$ 94.95 \$ @HOME HEALTH AGENCY 362 NURSE ANESTHESIST 7,796.64 \$ 21.54 .008 \$ 222.76 \$.17 50 27.46 NURSE MIDWIFE 1,372.93 .001 \$ 274.59 .03 0 .00 \$.00 .000 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 \$ FAMILY NURSE PRACTITIONER 0 .00 \$.00 .000 \$.00 200.51 3,280,528.22 @TOTAL HOSPITAL 3,269 16,361 .361 \$ 1003.53 \$ 72.41 HOSP INPATIENT TOTAL 401 1,608 2,885,372.44 1794.39 .035 7195.44 21 59 85,717.13 1452.83 .001 4081.77 HSC HOSPITALS 1.89 NON-HSC HOSPITAL TOTAL 381 1,549 2,799,655.31 1807.40 .034 7348.18 61.80 379 1,549 1,012,053.43 653.36 .034 2670.33 22.34 ACCOMMODATIONS 0 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 0 0 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 379 1,549 653.36 .034 1,012,053.43 2670.33 22.34 ALL OTHER ACCOM 381 0 .00 4691.87 39.46 ANCILLARIES 1,787,601.88 .000 .00 0 0 .00 .00 .00 INPATIENT CROSSOVERS .000 ALL OTHER INPATIENT .00 .00 .000 .00 .00

| HOSP OUTPATIENT TOTAL | 3,089 | 14,753 | 395,155.78 | | .326 | 127.92 | 8.72 |
|-----------------------------|-----------------|--------------------------|--------------------|-----------------|--------------|-------------|-------------|
| MEDICAL | 248 | 315 | 10,217.58 | 32.44 | .007 | 41.20 | .23 |
| SURGERY | 129 | 161 | 4,702.58 | 29.21 | .004 | 36.45 | .10 |
| PATHOLOGY | 867 | 3 , 169 | 32,170.90 | 10.15 | .070 | 37.11 | .71 |
| RADIOLOGY | 679 | 882 | 57 , 057.80 | 64.69 | .019 | 84.03 | 1.26 |
| ROOM USE | 1,728 | 2,515 | 90,625.05 | 36.03 | .056 | 52.45 | 2.00 |
| CROSSOVERS/ALL OTH OUTPINT | 2,206 | 7,711 | 200,381.87 | 25.99 | .170 | 90.83 | 4.42 |
| @COUNTY HOSPITAL TOTAL | 27 | 125 \$ | 6,584.48 | \$ 52.68 | .003 \$ | 243.87 | \$.15 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 2 | 2,700.01 | 1350.01 | .000 | 2700.01 | .06 |
| HSC HOSPITALS | 1 | 2 | 2,700.01 | 1350.01 | .000 | 2700.01 | .06 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 26 | 123 | 3,884.47 | 31.58 | .003 | 149.40 | .09 |
| MEDICAL | 8 | 9 | 337.01 | 37.45 | .000 | 42.13 | .01 |
| SURGERY | 3 | 5 | 275.01 | 55.00 | .000 | 91.67 | .01 |
| PATHOLOGY | 11 | 57 | 776.61 | 13.62 | .001 | 70.60 | .02 |
| RADIOLOGY | 6 | 9 | 383.05 | 42.56 | .000 | 63.84 | .01 |
| ROOM USE | 16 | 22 | 959.60 | 43.62 | .000 | 59.98 | .02 |
| CROSSOVERS/ALL OTH OUTPINT | 11 | 21 | 1,153.19 | 54.91 | .000 | 104.84 | .03 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES MON' | TH-OF-PAYMENT R | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 15,271 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR ALL FAMILIES | | | | | |
| | | | | | MON | THLY AVERAG | GE |
| 45,302 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 3,245 | 16,236 \$ | 3,273,943.74 | \$ 201.65 | .358 \$ | 1008.92 | \$ 72.27 |
| COMM HOSP INPATIENT TOTAL | 400 | 1,606 | 2,882,672.43 | 1794.94 | .035 | 7206.68 | 63.63 |
| HSC HOSPITALS | 20 | 57 | 83,017.12 | 1456.44 | .001 | 4150.86 | 1.83 |
| NON HOO HOODIERIO MOERI | 2.01 | 1 [40 | 0 700 (FF 01 | 1007 40 | 0.2.4 | 7240 10 | C1 00 |

| 45,302 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | | OST PER |
|-----------------------------|----------------|------------------|----|---------------------|--------------|----------|---------|-------------|
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | LIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 3 , 245 | 16,236 | \$ | 3,273,943.74 | \$ 201.65 | .358 | | \$ 72.27 |
| COMM HOSP INPATIENT TOTAL | 400 | 1,606 | | 2,882,672.43 | 1794.94 | .035 | 7206.68 | 63.63 |
| HSC HOSPITALS | 20 | 57 | | 83 , 017.12 | 1456.44 | .001 | 4150.86 | 1.83 |
| NON-HSC HOSPITALS TOTAL | 381 | 1 , 549 | | 2,799,655.31 | 1807.40 | .034 | 7348.18 | 61.80 |
| ACCOMMODATIONS | 379 | 1 , 549 | | 1,012,053.43 | 653.36 | .034 | 2670.33 | 22.34 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 379 | 1,549 | | 1,012,053.43 | 653.36 | .034 | 2670.33 | 22.34 |
| ANCILLARIES | 381 | 0 | | 1,787,601.88 | .00 | .000 | 4691.87 | 39.46 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3 , 065 | 14,630 | | 391 , 271.31 | 26.74 | .323 | 127.66 | 8.64 |
| MEDICAL | 240 | 306 | | 9,880.57 | 32.29 | .007 | 41.17 | .22 |
| SURGERY | 126 | 156 | | 4,427.57 | 28.38 | .003 | 35.14 | .10 |
| PATHOLOGY | 857 | 3,112 | | 31,394.29 | 10.09 | .069 | 36.63 | .69 |
| RADIOLOGY | 673 | 873 | | 56 , 674.75 | 64.92 | .019 | 84.21 | 1.25 |
| ROOM USE | 1,713 | 2,493 | | 89,665.45 | 35.97 | .055 | 52.34 | 1.98 |
| CROSSOVERS/ALL OTH OUTPINT | 2,197 | 7 , 690 | | 199,228.68 | 25.91 | .170 | 90.68 | 4.40 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | | |

| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-----------------------|-----------|------|------------------|--------|-----------|-----------|-----|---------|----|------------|
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 4 | 171 | \$ | 5,522.61 | \$ | 32.30 | .004 | \$ | 1380.65 | \$ | .12 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 4 | 171 | | 5,522.61 | | 32.30 | .004 | | 1380.65 | | .12 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 1,514 | 3,914 | \$ | 60,324.47 | \$ | 15.41 | .086 | \$ | 39.84 | \$ | 1.33 |
| PATHOLOGY | 1,514 | 3,914 | | 60,324.47 | | 15.41 | .086 | | 39.84 | | 1.33 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 7,933 | 15,244 | \$ | 748,007.47 | \$ | 49.07 | .336 | \$ | 94.29 | \$ | 16.51 |
| CLINIC | 848 | 5,700 | | 131,200.51 | | 23.02 | .126 | | 154.72 | | 2.90 |
| SURGICENTER | 1 | 1 | | 21.66 | | 21.66 | .000 | | 21.66 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 7,088 | 9,543 | | 616,785.30 | | 64.63 | .211 | | 87.02 | | 13.61 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU | JRES | MONTH-OF-PAYMENT | REPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | P7 | AGE 15,272 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES F | OR ALL FA | MILI | ES | | | | | | | |

| SOLANO COUNTI | SUMMARI OF SER | VICES FOR ALL FAMILIES | | | | | |
|--------------------------------|----------------|------------------------|--------------|--------------|----------|-------------|----------|
| | | | | | MON | ITHLY AVERA | GE |
| 45,302 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 10,378 | 30 , 537 \$ | 407,680.16 | \$ 13.35 | .674 \$ | 39.28 | \$ 9.00 |
| DURABLE MED. EQUIP. | 2 | 2 | 223.74 | 111.87 | .000 | 111.87 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 110 | 1,030 | 18,932.03 | 18.38 | .023 | 172.11 | .42 |
| AMBULANCES/AIR TRANS | 109 | 1,027 | 15,322.15 | 14.92 | .023 | 140.57 | .34 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 3 | 3 | 3,609.88 | 1203.29 | .000 | 1203.29 | .08 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 9 | 163 | 11,341.54 | 69.58 | .004 | 1260.17 | .25 |
| GENETIC DISEASE TESTING | 435 | 438 | 45,942.00 | 104.89 | .010 | 105.61 | 1.01 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 12 | 52 | 5,713.40 | 109.87 | .001 | 476.12 | .13 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 2 , 870 | 6 , 053 | 53,416.19 | 8.82 | .134 | 18.61 | 1.18 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 9 | 11 | 1,222.30 | 111.12 | .000 | 135.81 | .03 |
| PROSTHETICS | 9 | 11 | 1,222.30 | 111.12 | .000 | 135.81 | .03 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 3 | 141.95 | 47.32 | .000 | 141.95 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 6 , 979 | 22 , 780 | 270,136.70 | 11.86 | .503 | 38.71 | 5.96 |
| EPSDT SUPPLEMENTAL SERVICE | 4 | 2 | 472.50 | 236.25 | .000 | 118.13 | .01 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 2 | 3 | 137.81 | 45.94 | .000 | 68.91 | .00 |
| @CALIF. CHILDREN SERVICES* | 65 | 385 \$ | 244,547.26 | \$ 635.19 | .008 \$ | 3762.27 | \$ 5.40 |

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,273 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT SOLANO COUNTY

| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR ALL MEDICAL | LLY INDIGENT | | 14017 | | ~= |
|----------------------------|-----------------|----------------------|--------------------|-------------------|-----------|--------|----------|
| 0 071 71 77777 | | | | | MONT | | |
| 8,271 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| _ | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 4,788 | 88 , 047 \$ | 937,774.51 | \$ 10.65 | 10.645 \$ | 195.86 | |
| @PHYSICIANS SERVICES | 511 | 949 \$ | 44,766.82 | \$ 47.17 | .115 \$ | 87.61 | |
| OUTPATIENT VISITS | 350 | 402 | 17 , 756.98 | 44.17 | .049 | 50.73 | 2.15 |
| OFFICE VISITS | 160 | 185 | 6,687.22 | 36.15 | .022 | 41.80 | .81 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 181 | 194 | 10,411.29 | 53.67 | .023 | 57.52 | 1.26 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 2 | 8 | 237.25 | 29.66 | .001 | 118.63 | .03 |
| OTHER OUTPATIENT | 11 | 15 | 421.22 | 28.08 | .002 | 38.29 | .05 |
| INPATIENT VISITS | 35 | 154 | 12,334.08 | 80.09 | .019 | 352.40 | 1.49 |
| HOSPITAL VISITS | 30 | 110 | 5,939.97 | 54.00 | .013 | 198.00 | .72 |
| CRITICAL CARE | 8 | 44 | 6,394.11 | 145.32 | .005 | 799.26 | .77 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 9 | 9 | 469.54 | 52.17 | .001 | 52.17 | .06 |
| EXAMINATIONS | 9 | 9 | 469.54 | 52.17 | .001 | 52.17 | .06 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 6 | 18 | 2,753.05 | 152.95 | .002 | 458.84 | .33 |
| PRINCIPAL SURGEON | 4 | 5 | 2,477.82 | 495.56 | .001 | 619.46 | .30 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 13 | 275.23 | 21.17 | .002 | 137.62 | .03 |
| OUTPATIENT SURGERY | 35 | 70 | 4,763.10 | 68.04 | .008 | 136.09 | .58 |
| PRINCIPAL SURGEON | 30 | 34 | 3,626.95 | 106.68 | .004 | 120.90 | .44 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 8 | 36 | 1,136.15 | 31.56 | .004 | 142.02 | .14 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 30 | 92 | 472.82 | 5.14 | .011 | 15.76 | .06 |
| RADIOLOGY | 92 | 107 | 2,002.21 | 18.71 | .013 | 21.76 | .24 |
| PSYCHIATRY | 92 5 | 20 | 1,111.09 | 55.55 | .013 | 222.22 | .13 |
| | 4 | 10 | 73.05 | 7.31 | .002 | 18.26 | .13 |
| IMMUNIZATION AND INJECTION | 50 | | 3,030.90 | 45.24 | .001 | 60.62 | .37 |
| OTHER SERVICES/ALL X-OVERS | | 67 3,036 \$ | | | | | |
| @PHARMACY | 1,041 | | 143,139.85 | \$ 47.15 79.74 | .367 \$ | 137.50 | |
| PRESCRIPTION DRUGS | 1,031 14 | 1 , 724 28 | 137,464.66 | | .208 | 133.33 | 16.62 |
| SNF/ICF | | | 4,198.19 | 149.94 | .003 | 299.87 | .51 |
| OUTPATIENTS | 1,017 | 1,696 | 133,266.47 | 78.58 | .205 | 131.04 | 16.11 |
| MEDICAL SUPPLIES | 46 | 1,312 | 5,675.19 | 4.33 | .159 | 123.37 | .69 |
| @DENTIST | 724 | 4,417 \$ | 115,131.05 | \$ 26.07 | .534 \$ | 159.02 | |
| VISITS - DIAGNOSTIC | 573 | 3,179 | 46,016.05 | 14.48 | .384 | 80.31 | 5.56 |
| ORAL SURGERY | 74 | 174 | 13,590.00 | 78.10 | .021 | 183.65 | 1.64 |
| DRUGS | 28 | 32 | 700.00 | 21.88 | .004 | 25.00 | .08 |
| ANESTHESIA | 5 | 5 | 500.00 | 100.00 | .001 | 100.00 | .06 |
| PERIODONTICS | 4 | 4 | 472.00 | 118.00 | .000 | 118.00 | .06 |
| ENDODONTICS | 47 | 87 | 10,400.00 | 119.54 | .011 | 221.28 | 1.26 |
| RESTORATIVE DENTISTRY | 261 | 872 | 40,742.00 | 46.72 | .105 | 156.10 | 4.93 |
| PROSTHETICS | 1 | 1 | 30.00 | 30.00 | .000 | 30.00 | .00 |
| DENTURES, STAYPLATES | 4 | 7 | 219.00 | 31.29 | .001 | 54.75 | .03 |
| SPACE MAINTAINERS | 3 | 4 | 462.00 | 115.50 | .000 | 154.00 | .06 |
| | | | | | | | |

| MAXILLOFACIAL SERVICES | 1 | 1 | 50.00 | 50.00 | .000 | 50.00 | .01 |
|----------------------------|-----------------------|----------------|------------------------|-------------|--------------|--------|-------------|
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 22 | 29 | 1,800.00 | 62.07 | .004 | 81.82 | .22 |
| ALL OTHER SERVICES | 13 | 22 | 150.00 | 6.82 | .003 | 11.54 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES ANI |) EXPENDITURES | MONTH-OF-PAYMENT REPOR | T FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 15,274 |
| MOP024 | FEE-FOR-SERVICE/DENTA | AL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES I | FOR ALL MEDICA | ALLY INDIGENT | | | | |

| | | | | | | Mo | INC | THLY AVERA | GΕ | |
|------------------------------|-------|------------------|------------------|-----|------------|-----------|-----|------------|----|----------|
| 8,271 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AV: | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PE: | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 35 | 65 | \$ 1,841.90 | \$ | 28.34 | .008 | \$ | 52.63 | \$ | .22 |
| DIAGNOSTIC AND ANC. PROCED | 31 | 32 | 1,333.97 | | 41.69 | .004 | | 43.03 | | .16 |
| EYE APPLIANCES | 18 | 33 | 507.93 | | 15.39 | .004 | | 28.22 | | .06 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 17 | 1,624 | \$ 36,829.32 | \$ | 22.68 | | \$ | 2166.43 | \$ | 4.45 |
| NURSE ANESTHESIST | 2 | 13 | \$ 323.28 | \$ | 24.87 | .002 | \$ | 161.64 | \$ | .04 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 437 | 1,318 | \$ 236,829.14 | \$ | 179.69 | . = 0 5 | \$ | 541.94 | \$ | 28.63 |
| HOSP INPATIENT TOTAL | 32 | 118 | 199,998.74 | | 1694.90 | .014 | | 6249.96 | | 24.18 |
| HSC HOSPITALS | 14 | 67 | 124,436.00 | | 1857.25 | .008 | | 8888.29 | | 15.04 |
| NON-HSC HOSPITAL TOTAL | 18 | 51 | 75,562.74 | | 1481.62 | .006 | | 4197.93 | | 9.14 |
| ACCOMMODATIONS | 18 | 51 | 33,785.70 | | 662.46 | .006 | | 1876.98 | | 4.08 |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--|-----------------|--------------------------|--------------------|-----------------|---------------|-----------|-------------|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 18 | 51 | 33,785.70 | 662.46 | .006 | 1876.98 | 4.08 |
| | 18 | 0 | | .00 | | 2320.95 | |
| ANCILLARIES | | | 41,777.04 | | .000 | | 5.05 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 412 | 1,200 | 36,830.40 | 30.69 | .145 | 89.39 | 4.45 |
| MEDICAL | 52 | 81 | 5,274.85 | 65.12 | .010 | 101.44 | .64 |
| SURGERY | 25 | 29 | 1,149.26 | 39.63 | .004 | 45.97 | .14 |
| PATHOLOGY | 88 | 341 | 3,989.61 | 11.70 | .041 | 45.34 | .48 |
| | | | | | | | |
| RADIOLOGY | 99 | 113 | 5,610.48 | 49.65 | .014 | 56.67 | .68 |
| ROOM USE | 278 | 322 | 12 , 887.17 | 40.02 | .039 | 46.36 | 1.56 |
| CROSSOVERS/ALL OTH OUTPINT | 222 | 314 | 7,919.03 | 25.22 | .038 | 35.67 | .96 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | .000 | .00 | |
| NON-HSC HOSPITALS TOTAL | • | - | .00 | .00 | | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| ALL OTHER INPATIENT | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | ŭ | 0 | .00 | .00 | | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | ~ | | | .000 | .00 | |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITURES MON | NTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 15,275 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | VICES FOR ALL MEDICALLY | ' INDIGENT | | | | |
| | | | | | MONT | HLY AVERA | GE |
| 8,271 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| , | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 437 | 1,318 \$ | 236,829.14 | \$ 179.69 | .159 \$ | 541.94 | |
| | | | | • | | | • |
| COMM HOSP INPATIENT TOTAL | 32 | 118 | 199,998.74 | 1694.90 | .014 | 6249.96 | 24.18 |
| HSC HOSPITALS | 14 | 67 | 124,436.00 | 1857.25 | .008 | 8888.29 | 15.04 |
| NON-HSC HOSPITALS TOTAL | 18 | 51 | 75 , 562.74 | 1481.62 | .006 | 4197.93 | 9.14 |
| ACCOMMODATIONS | 18 | 51 | 33 , 785.70 | 662.46 | .006 | 1876.98 | 4.08 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 18 | 51 | 33,785.70 | 662.46 | .006 | 1876.98 | 4.08 |
| | 18 | 0 | • | | .000 | | |
| ANCILLARIES | | ~ | 41,777.04 | .00 | | 2320.95 | 5.05 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 412 | 1,200 | 36,830.40 | 30.69 | .145 | 89.39 | 4.45 |
| MEDICAL | 52 | 81 | 5,274.85 | 65.12 | .010 | 101.44 | .64 |
| SURGERY | 25 | 29 | 1,149.26 | 39.63 | .004 | 45.97 | .14 |
| PATHOLOGY | 88 | 341 | 3,989.61 | 11.70 | .041 | 45.34 | .48 |
| | 99 | | • | | | | |
| RADIOLOGY | | 113 | 5,610.48 | 49.65 | .014 | 56.67 | .68 |
| ROOM USE | 0.00 | | | | | | |
| | 278 | 322 | 12,887.17 | 40.02 | .039 | 46.36 | 1.56 |
| CROSSOVERS/ALL OTH OUTPTNT | 222 | 314 | 7,919.03 | 25.22 | .038 | 35.67 | .96 |
| CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL | | | • | | | | .96 |

| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|---|---|--|----------|--|-----------|---|---|------------------|--|--------|---|
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | Ś | .00 | \$ | .00 | | \$ | | Ś | .00 |
| ICF DDH | 0 | 0 | | .00 | ' | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | 7 | .00 | Т. | .00 | .000 | 7 | .00 | 4 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 3 | 59 | \$ | 734.23 | \$ | 12.44 | | \$ 2 | 244.74 | Ś | .09 |
| HOSPITAL BASED | 2 | 58 | т | 713.04 | т | 12.29 | .007 | | 356.52 | т | .09 |
| INDEPENDENT FACILITY | 1 | 1 | | 21.19 | | 21.19 | .000 | ` | 21.19 | | .00 |
| @LABORATORY FACILITY | 309 | 462 | Ś | 5,637.78 | \$ | 12.20 | | \$ | | \$ | .68 |
| PATHOLOGY | 309 | 462 | т | 5,637.78 | т | 12.20 | .056 | т | 18.25 | т | .68 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2,136 | 3,181 | Ś | 246,803.76 | \$ | 77.59 | | \$ 1 | | \$ | 29.84 |
| CLINIC | 253 | 865 | Ψ. | 17,864.54 | Υ | 20.65 | .105 | Υ - | 70.61 | ٧ | 2.16 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 1,883 | 2,316 | | 228,939.22 | | 98.85 | .280 | - | L21.58 | | 27.68 |
| #CALIF DEPT OF HEALTH SERV | | | IRES M | ONTH-OF-PAYMENT RI | EPORT | | | | | PΔ | GE 15,276 |
| MOP024 | FEE-FOR-SERVICE | | 71.00 11 | | | 1010 01110 2 | 2001 111110 1 | 10 20 | 701 | | 03/14/05 |
| SOLANO COUNTY | | ICES FOR ALL ME | EDICAL | LY INDIGENT | | | | | | | , = . , |
| | | | | | | | | ATTITIT S | ZVEDA | GE - | |
| | | | | | | | MC | MIUTI | r wanta | | |
| 8,271 ELIGIBLES | USERS | UNITS OF SERVI | CE | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | | ST PER | | OST PER |
| 8,271 ELIGIBLES | USERS | UNITS OF SERVIOR DAYS OF CAR | | EXPENDITURES | | | | COS | | С | OST PER LIGIBLE |
| 8,271 ELIGIBLES @ALL OTHER PROVIDERS | USERS 308 | | | EXPENDITURES 105,737.38 | | | UNITS/DAYS | COS | ST PER | C E | |
| , | | OR DAYS OF CAR | RE | | PER | UNIT/DAY | UNITS/DAYS | COS t \$ 3 | ST PER JSER | C E | LIGIBLE |
| @ALL OTHER PROVIDERS | 308 | OR DAYS OF CAP 72,923 | RE | 105,737.38 | PER | UNIT/DAY 1.45 | UNITS/DAYS PER ELIG 8.817 | COS t \$ 3 | ST PER JSER 343.30 | C E | LIGIBLE 12.78 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. | 308 | OR DAYS OF CAP 72,923 6 | RE | 105,737.38 617.84 | PER | UNIT/DAY 1.45 102.97 | UNITS/DAYS PER ELIG 8.817 .001 | COS t \$ 3 | ST PER JSER 343.30 L02.97 | C E | LIGIBLE 12.78 .07 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK | 308 6 0 | OR DAYS OF CAP 72,923 6 0 | RE | 105,737.38 617.84 .00 | PER | UNIT/DAY 1.45 102.97 .00 | UNITS/DAYS PER ELIG 8.817 .001 .000 | COS (\$ 3 | ST PER JSER 343.30 L02.97 | C E | LIGIBLE 12.78 .07 .00 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS | 308 6 0 | OR DAYS OF CAR 72,923 6 0 0 | RE | 105,737.38 617.84 .00 | PER | UNIT/DAY 1.45 102.97 .00 .00 | UNITS/DAYS PER ELIG 8.817 .001 .000 | COS \$ 3 | ST PER JSER 343.30 L02.97 .00 | C E | LIGIBLE 12.78 .07 .00 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | 308 6 0 0 20 | OR DAYS OF CAR 72,923 6 0 0 385 | RE | 105,737.38 617.84 .00 .00 6,574.10 | PER | UNIT/DAY 1.45 102.97 .00 .00 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 | COS \$ 3 | ST PER JSER 343.30 L02.97 .00 .00 | C E | LIGIBLE 12.78 .07 .00 .00 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS | 308 6 0 0 20 20 | OR DAYS OF CAR 72,923 6 0 385 383 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 | COS \$ 3 | ST PER JSER 343.30 L02.97 .00 .00 328.71 L74.96 | C E | LIGIBLE 12.78 .07 .00 .00 .79 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS | 308 6 0 0 20 20 | OR DAYS OF CAR 72,923 6 0 385 383 0 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 | COS \$ 3 | ST PER JSER 343.30 L02.97 .00 .00 328.71 L74.96 .00 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | 308 6 0 0 20 20 | OR DAYS OF CAR 72,923 6 0 385 383 0 2 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 .000 | COS \$ 3 | ST PER JSER 343.30 L02.97 .00 .00 328.71 L74.96 .00 537.50 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE | 308 6 0 0 20 20 20 0 2 | OR DAYS OF CAR 72,923 6 0 385 383 0 2 0 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 .000 | COS \$ | ST PER JSER 343.30 102.97 .00 .00 328.71 174.96 .00 537.50 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 .37 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR | 308 6 0 0 20 20 0 2 0 0 | OR DAYS OF CAR 72,923 6 0 385 383 0 2 0 0 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 .00 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 .00 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 .000 .000 .000 | COS \$ | ST PER JSER 343.30 102.97 .00 .00 328.71 174.96 .00 537.50 .00 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 .37 .00 .00 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING | 308 6 0 0 20 20 0 2 0 0 59 | OR DAYS OF CAR 72,923 6 0 385 383 0 2 0 0 59 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 .00 .00 6,195.00 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 .00 .00 105.00 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 .000 .000 .000 | COS \$ | ST PER JSER 343.30 102.97 .00 .00 328.71 174.96 .00 537.50 .00 .00 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 .37 .00 .00 .75 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP | 308 6 0 0 20 20 0 2 0 0 59 | OR DAYS OF CAR 72,923 6 0 385 383 0 2 0 59 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 .00 6,195.00 .00 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 .00 .00 105.00 .00 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .046 .000 .000 .000 .000 .000 | COS \$ | ST PER JSER 343.30 L02.97 .00 .00 328.71 L74.96 .00 537.50 .00 .00 L05.00 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 .37 .00 .00 .75 .00 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | 308 6 0 0 20 20 0 2 0 0 59 0 | OR DAYS OF CAR 72,923 6 0 0 385 383 0 2 0 59 0 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 .00 6,195.00 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 .00 .00 105.00 .00 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 .000 .000 .000 .000 .000 | COS \$ | ST PER JSER 343.30 L02.97 .00 .00 328.71 L74.96 .00 .537.50 .00 .00 L05.00 .00 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 .37 .00 .00 .75 .00 .00 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN | 308 6 0 0 20 20 20 0 0 59 0 | OR DAYS OF CAR 72,923 6 0 0 385 383 0 2 0 59 0 0 241 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 .00 6,195.00 .00 .00 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 .00 .00 105.00 .00 .00 8.16 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 .000 .000 .000 .000 .000 .000 | COS \$ | ST PER JSER 343.30 L02.97 .00 .00 328.71 L74.96 .00 .537.50 .00 .00 L05.00 .00 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 .37 .00 .00 .75 .00 .00 .75 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST | 308 6 0 0 20 20 20 0 0 59 0 | OR DAYS OF CAR 72,923 6 0 0 385 383 0 2 0 59 0 0 241 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 .00 6,195.00 .00 .00 1,965.86 .00 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 .00 .00 105.00 .00 8.16 .00 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 .000 .000 .000 .000 .000 .000 | COS \$ | ST PER JSER 343.30 L02.97 .00 .00 328.71 L74.96 .00 537.50 .00 .00 L05.00 .00 17.87 .00 54.94 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 .37 .00 .00 .75 .00 .00 .24 .00 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY | 308 6 0 0 20 20 20 0 0 59 0 0 110 | OR DAYS OF CAR 72,923 6 0 0 385 383 0 2 0 59 0 0 241 0 2 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 .00 6,195.00 .00 1,965.86 .00 54.94 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 .00 .00 105.00 .00 8.16 .00 27.47 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 .000 .000 .000 .000 .000 .000 | COS \$ | ST PER JSER 343.30 L02.97 .00 .00 328.71 L74.96 .00 .537.50 .00 .00 L05.00 .00 17.87 .00 54.94 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 .37 .00 .00 .75 .00 .00 .24 .00 .01 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | 308 6 0 0 20 20 20 0 0 59 0 0 110 | OR DAYS OF CAR 72,923 6 0 0 385 383 0 2 0 59 0 0 241 0 2 0 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 .00 .00 6,195.00 .00 .00 1,965.86 .00 54.94 .00 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 .00 .00 105.00 .00 8.16 .00 27.47 .00 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 .000 .000 .000 .000 .000 .000 | COS \$ | ST PER JSER 343.30 L02.97 .00 .00 328.71 L74.96 .00 537.50 .00 .00 L05.00 .00 17.87 .00 54.94 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 .37 .00 .00 .75 .00 .00 .24 .00 .01 .00 |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS | 308 6 0 0 20 20 20 0 0 59 0 0 110 | OR DAYS OF CAR 72,923 6 0 0 385 383 0 2 0 0 59 0 241 0 2 0 0 0 | RE | 105,737.38 617.84 .00 .00 6,574.10 3,499.10 .00 3,075.00 .00 .00 6,195.00 .00 1,965.86 .00 54.94 .00 .00 | PER \$ | UNIT/DAY 1.45 102.97 .00 .00 17.08 9.14 .00 1537.50 .00 .00 105.00 .00 8.16 .00 27.47 .00 .00 | UNITS/DAYS PER ELIG 8.817 .001 .000 .000 .047 .046 .000 .000 .000 .000 .000 .000 .000 | COS \$ | ST PER JSER 343.30 L02.97 .00 .00 328.71 L74.96 .00 537.50 .00 .00 L05.00 .00 17.87 .00 54.94 .00 | C E | LIGIBLE 12.78 .07 .00 .00 .79 .42 .00 .37 .00 .00 .75 .00 .00 .24 .00 .01 .00 .00 |

0 0

.00

.00

.00

.00

.00

.000

.000

.000

.00

.00

.00

.00

.00

.00

0 0 0

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

| LOCAL EDUCATION AGENCIES | 77 | 460 | 3,759.25 | 8.17 | .056 | | 48.82 | .45 |
|-------------------------------|----|--------|------------------|------------|-------|-------|-------|-------------|
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER PROVIDERS | 36 | 71,770 | 86,570.39 | 1.21 | 8.677 | 24 | 04.73 | 10.47 |
| @CALIF. CHILDREN SERVICES* | 66 | 70,416 | \$ 182,584.02 | \$ 2.59 | 8.514 | \$ 27 | 66.42 | \$ 22.08 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,277 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| COL AND COUNTY | CINAARU OF CER | | DENIAL | D T 7 T W C T C | | | A T D G O D D G | 71 | | | | 03/14/03 |
|----------------------------|-----------------|-----------|---------|-----------------|---------------|----|-----------------|------------|-----|----------|------------|----------|
| SOLANO COUNTY | SUMMARY OF SERV | VICES FOR | KENAL I | DIALISIS | | 1 | AID CODES | | | | C E | |
| 05 51 10151 50 | | | 0001110 | _ | | 3 | | MC | | | | |
| 05 ELIGIBLES | USERS | UNITS OF | | | EXPENDITURES | | | UNITS/DAYS | j (| COST PER | | COST PER |
| | _ | OR DAYS | | | 4 4 4 4 0 0 5 | | | PER ELIG | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | / | | 57 | \$ | 4,149.85 | \$ | 72.80 | 11.400 | | 592.84 | | 829.97 |
| @PHYSICIANS SERVICES | 3 | | 4 | Ş | 270.76 | \$ | 67.69 | .800 | Ş | 90.25 | Ş | 54.15 |
| OUTPATIENT VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OFFICE VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOME VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 3 | | 4 | | 270.76 | | 67.69 | .800 | | 90.25 | | 54.15 |
| @PHARMACY | 2 | | 9 | \$ | | Ś | 128.75 | 1.800 | Ś | | Ś | 231.76 |
| PRESCRIPTION DRUGS | 2 | | 9 | • | 1,158.79 | ' | 128.75 | 1.800 | | 579.40 | | 231.76 |
| SNF/ICF | 0 | | Ō | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 2 | | 9 | | 1,158.79 | | 128.75 | 1.800 | | 579.40 | | 231.76 |
| MEDICAL SUPPLIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 0 | | 0 | \$ | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| VISITS - DIAGNOSTIC | 0 | | 0 | Τ | .00 | т | .00 | .000 | т | .00 | т | .00 |
| ORAL SURGERY | n | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | n | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 111110 11110 111 | U | | U | | • 0 0 | | .00 | .000 | | .00 | | .00 |

| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|------------------------|--------------------|--------------------|-------------|-----------|--------------|-------------|
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES MONTH | -OF-PAYMENT REPORT | FOR JAN 20 | 04 THRU D | EC 2004 | PAGE 15,278 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | ı | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FO | R RENAL DIALYSIS | | AID CODES 7 | 1 | | |
| | | | | | MO | NTHLY AVERAG | E |

| | | | | | | M | ONT | HLY AVERA | GΕ | |
|------------------------------|-------|------------------|--------------|-----|-----------|-----------|-----|-----------|----|----------|
| 05 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--|-------------------|------------------------------------|---|---|--|--|--|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURES MON | TH-OF-PAYMENT REE | PORT FOR JAN 2 | 004 THRU DE | EC 2004 | PAGE 15,279 |
| MOP024 | FEE-FOR-SERVICE/D | ENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVIC | ES FOR RENAL DIALYSI | S | AID CODES | 71 | | |
| | | | | | MON | NTHLY AVERA | ~F |
| | | | | | | | |
| 05 ELIGIBLES | USERS U | NITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| 05 ELIGIBLES | | NITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | | | - |
| 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | | | EXPENDITURES .00 | | UNITS/DAYS | COST PER USER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | | OR DAYS OF CARE | .00 | PER UNIT/DAY \$.00 | UNITS/DAYS PER ELIG .000 \$ | COST PER USER .00 | COST PER ELIGIBLE \$.00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | | OR DAYS OF CARE | .00 | PER UNIT/DAY \$.00 .00 | UNITS/DAYS PER ELIG .000 \$ | COST PER USER .00 | COST PER ELIGIBLE \$.00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | | OR DAYS OF CARE | .00 .00 | PER UNIT/DAY \$.00 .00 .00 | UNITS/DAYS PER ELIG .000 .000 | COST PER USER .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | | OR DAYS OF CARE | .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 .000 | COST PER USER 000 000 000 000 | COST PER ELIGIBLE \$.00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | | OR DAYS OF CARE | .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | | OR DAYS OF CARE | .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | | OR DAYS OF CARE | .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | | OR DAYS OF CARE | .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 | COST PER USER .00 .00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | | OR DAYS OF CARE | .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | | OR DAYS OF CARE | .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | | OR DAYS OF CARE | .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 |

| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------------|--------|-------------|--------------|-------|-----------|-----------|-----|-----------|------|------------|
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 2 | 44 | \$ | 2,720.30 | \$ | 61.83 | 8.800 | \$ | 1360.15 | \$ | 544.06 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 2 | 44 | | 2,720.30 | | 61.83 | 8.800 | | 1360.15 | | 544.06 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDIT | URES MONTH- | OF-PAYMENT R | EPORI | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 15,280 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | RENAL | DIALYSIS | | | AID CODES | | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE · | |

| | | | | | MON | THLY AVERA | GE |
|--------------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 05 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|---|--------------|-------------|-------|--------------|--------------|
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 4 | 8 | \$ 580.66 | \$ 72.58 | 1.600 | \$ 145.17 | \$ 116.13 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,281 FEE-FOR-SERVICE/DENTAL

03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

| | | | | | MON | THLY AVERAGE | |
|----------------------------|-------|------------------|--------------|--------------|------------|--------------|----------|
| 12 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | · | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| MEDICAL SUPPLIES | 0 | | 0 | | .00 | | .00 | .00 | Λ | .00 | | .00 |
|------------------------------|------------------|------------|--------|---------|--------------------|----------|-------------|----------|------|------------|--------|-------------|
| @DENTIST | 0 | | 0 | Ś | .00 | Ś | .00 | | 0 \$ | | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | | 0 | Y | .00 | Ÿ | .00 | .00 | | .00 | Ÿ | .00 |
| ORAL SURGERY | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| DRUGS | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| | 0 | | 0 | | .00 | | .00 | | | .00 | | .00 |
| ANESTHESIA | 0 | | - | | | | | .00 | | | | |
| PERIODONTICS | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| ENDODONTICS | U | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| PROSTHETICS | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .00 | 0 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXP | ENDITU | JRES MO | ONTH-OF-PAYMENT RE | EPORT F | OR JAN 2 | 2004 THR | U DE | C 2004 | Р | AGE 15,282 |
| MOP024 | FEE-FOR-SERVICE, | /DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR ' | TOTAL | PARENT | FERAL NUTRITION | AI | D CODES | 73 | | | | |
| | | | | | | | | | MON | THLY AVERA | .GE | |
| 12 ELIGIBLES | USERS | UNITS OF | SERVI | CE | EXPENDITURES | AVERA | GE COST | UNITS/D | AYS | COST PER | | COST PER |
| | | OR DAYS | OF CAP | RE | | PER U | NIT/DAY | PER EL | ΙG | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .00 | 0 \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | | .00 | | .00 | .00 | 0 | .00 | | .00 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .00 | 0 | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .00 | 0 | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .00 | 0 \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .00 | 0 | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .00 | 0 | .00 | | .00 |
| @PODIATRIST | 0 | | 0 | Ś | .00 | Ś | .00 | | 0 \$ | .00 | Ś | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | • | .00 | ' | .00 | .00 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | | 0 | \$ | .00 | \$ | .00 | .00 | | | \$ | .00 |
| NURSE ANESTHESIST | 0 | | 0 | \$ | .00 | \$ | .00 | .00 | | | Ś | .00 |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$ | .00 | .00 | | | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ \$ | .00 | .00 | | .00 | Ś | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | Ś | .00 | \$ | .00 | .00 | | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | | 0 | ب د | .00 | \$ \$ | .00 | .00 | | .00 | ۶ S | .00 |
| | 0 | | 0 | ۲ | .00 | Ÿ | .00 | .00 | | .00 | ې | .00 |
| HOSP INPATIENT TOTAL | 0 | | 0 | | | | | | | | | |
| HSC HOSPITALS | 0 | | | | .00 | | .00 | .00 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | • | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| ALL OURDED INDAUTENE | <u> </u> | | \cap | | 0.0 | | $\cap \cap$ | 0.0 | 1.1 | 0.0 | | $\cap \cap$ |

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00 .00

.00

.00

.00

.00

.00 .00

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

0

0

0

0

0

0

0

0

0

0

| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|---|--|---|--|--|---|---|---|
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | | \$.00 | .000 | | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | | MONTH-OF-PAYMENT F | EPORT FOR JAN | 2004 THRU D | EC 2004 | PAGE 15,283 |
| MOP024 SOLANO COUNTY | FEE-FOR-SERVICE | /DENTAL ICES FOR TOTAL PAR | DENIMEDAT NUMBERON | AID CODES | 7 7 2 | | 03/14/05 |
| SOLANO COUNTI | SUMMARI OF SERV | ICES FOR TOTAL PAR | RENIERAL NUIRIIION | AID CODE: | | | |
| | | | | | M() | אסשווא א דעייואו | CF |
| 12 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | GE COST PER |
| 12 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST | r UNITS/DAYS | | COST PER |
| 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | USERS 0 | UNITS OF SERVICE OR DAYS OF CARE 0 \$ | | AVERAGE COST PER UNIT/DAT \$.00 | r UNITS/DAYS | COST PER USER | COST PER ELIGIBLE |
| | | OR DAYS OF CARE | | PER UNIT/DAY | T UNITS/DAYS Y PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | OR DAYS OF CARE 0 \$ | .00 | PER UNIT/DAY | T UNITS/DAYS Y PER ELIG .000 | COST PER USER \$.00 | COST PER ELIGIBLE \$.00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | 0 | OR DAYS OF CARE 0 \$ | .00 | PER UNIT/DAY \$.00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 | COST PER USER .00 .00 | COST PER ELIGIBLE \$.00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 | .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 | F UNITS/DAYS F PER ELIG .000 .000 .000 | S COST PER USER \$.00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 | .00 .00 .00 | PER UNIT/DA \$.00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 | \$ COST PER USER \$.00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 | .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY | 0 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | 0 0 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | 0 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT | 0 0 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT | 0 0 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT | 0 0 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DA: \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | \$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 . |

0

0

0

0

0

0

0

0

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000 \$

.000

.000

.000

.000

.000

.000

.000

.000

.000

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

@NURSING FACILITY

LEV B-REHAB MD

LEV B-REGULAR

ICF DDH

ICF DD

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

0

0

0

0

0

0

0

0

0

| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|--|--|------------------------------|--------|---|-------|--|--|-------|--|--------|--|
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | AND EXPENDITU | RES MO | NTH-OF-PAYMENT RI | EPORT | FOR JAN 2 | 2004 THRU I | DEC 2 | 004 | PA | GE 15,284 |
| | | | | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DEN | NTAL | | | | | | | | | 03/14/05 |
| MOP024 SOLANO COUNTY | FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES | | PARENT | ERAL NUTRITION | | AID CODES | 73 | | | | 03/14/05 |
| | SUMMARY OF SERVICES | S FOR TOTAL | | ERAL NUTRITION | | | MC | | Y AVERA | GE - | 03/14/05 |
| | SUMMARY OF SERVICES | | | ERAL NUTRITION EXPENDITURES | AVE | AID CODES | MC | | Y AVERA ST PER | | 03/14/05 OST PER |
| SOLANO COUNTY | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL | Έ | | | ERAGE COST R UNIT/DAY | MOUNITS/DAYS | S CO | ST PER USER | C E | OST PER LIGIBLE |
| SOLANO COUNTY 12 ELIGIBLES @ALL OTHER PROVIDERS | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL | Έ | EXPENDITURES .00 | | ERAGE COST R UNIT/DAY .00 | MC UNITS/DAYS PER ELIG .000 | S CO | ST PER USER .00 | С | OST PER LIGIBLE |
| SOLANO COUNTY 12 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL ITS OF SERVIC | E E | EXPENDITURES .00 | PEF | ERAGE COST R UNIT/DAY .00 .00 | UNITS/DAYS PER ELIG .000 .000 | S CO | ST PER USER .00 | C E | OST PER LIGIBLE .00 |
| SOLANO COUNTY 12 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL ITS OF SERVIC | E E | EXPENDITURES .00 .00 .00 | PEF | ERAGE COST R UNIT/DAY .00 .00 | MC UNITS/DAYS PER ELIG .000 .000 | S CO | ST PER USER .00 .00 | C E | OST PER LIGIBLE .00 .00 |
| SOLANO COUNTY 12 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL ITS OF SERVIC | E E | EXPENDITURES .00 .00 .00 .00 | PEF | ERAGE COST R UNIT/DAY .00 .00 .00 | MC UNITS/DAYS PER ELIG .000 .000 .000 | S CO | ST PER USER .00 .00 .00 | C E | OST PER LIGIBLE .00 .00 .00 |
| SOLANO COUNTY 12 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL ITS OF SERVIC | E E | EXPENDITURES .00 .00 .00 .00 | PEF | ERAGE COST R UNIT/DAY .00 .00 .00 .00 | MC UNITS/DAYS PER ELIG .000 .000 .000 .000 | S CO | ST PER USER .00 .00 .00 | C E | OST PER LIGIBLE .00 .00 .00 |
| SOLANO COUNTY 12 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL ITS OF SERVIC | E E | EXPENDITURES .00 .00 .00 .00 .00 | PEF | ERAGE COST R UNIT/DAY .00 .00 .00 .00 | MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 | S CO | ST PER USER .00 .00 .00 .00 | C E | OST PER LIGIBLE .00 .00 .00 .00 .00 |
| SOLANO COUNTY 12 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL ITS OF SERVIC | E E | EXPENDITURES | PEF | ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 | MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 | S CO | ST PER USER .00 .00 .00 .00 .00 | C E | OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 |
| SOLANO COUNTY 12 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL ITS OF SERVIC | E E | EXPENDITURES | PEF | ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 | MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 | S CO | ST PER USER .00 .00 .00 .00 .00 .00 | C E | OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SOLANO COUNTY 12 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL ITS OF SERVIC | E E | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 | PEF | ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 | MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | S CO | ST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 | C E | OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| SOLANO COUNTY 12 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | SUMMARY OF SERVICES USERS UNI | S FOR TOTAL ITS OF SERVIC | E E | EXPENDITURES | PEF | ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 | MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 | S CO | ST PER USER .00 .00 .00 .00 .00 .00 | C E | OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 |

| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
|---|---|---------------------------------------|---|---|---|---|--|---|
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | .00 | | .00 | .000 | .0 | 0 | .00 |
| 0 | 0 | \$.00 | \$ | .00 | .000 | \$.0 | 0 \$ | .00 |
| 0 | 0 | \$.00 | \$ | .00 | .000 | \$.0 | 0 \$ | .00 |
| | | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 .00 0 .00 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 | 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 | 0 0 .00 .00 0 | 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 | 0 0 .00 .00 .00 | 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,285
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 @TOTAL, ALL PROVIDERS .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 .00 OUTPATIENT VISITS .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .000 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .000 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 PSYCHIATRY .00 .000 .00 .00

| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|-------------|-------------|------------|--------------|-------------|----------|-------------|
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURE | S MONTH-OF- | PAYMENT RE | PORT FOR JAN | 2004 THRU I | DEC 2004 | PAGE 15,286 |
| MOP024 | FEE-FOR-SERVICE/DENTA | Ĺ | | | | | | 03/14/05 |

SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

SOLANO COUNTY

| | | | | | | | MC | TNC | HLY AVERA | GE | |
|------------------------------|-------|------------------|----|--------------|-----|-----------|------------|-----|-----------|----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 3 | COST PER | | COST PER |
| | | OR DAYS OF CARE | 3 | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|--------------------------|-----------------|----------------------|------------|--------------|------------|-------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURES MON' | TH-OF-PAYMENT REPORT | FOR JAN 20 | 004 THRU DEC | 2004 | PAGE 15,287 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | IRCA ALIENS | AID CODES | 51 52 56 5 | 57 | | |
| | | | | _ | MONTH | ILY AVERAG | F |

| | | | | | MONT | THLY AVERA | GE |
|-----------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------------|---------|----------|-----------------|-------|--------------|--------|-----|-----------|-----|-----------|
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITU | RES MONT | H-OF-PAYMENT RE | EPORT | FOR JAN 2004 | 4 THRU | DEC | 2004 | PAC | GE 15,288 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | IRCA A | LIENS | AID C | CODES | 51 52 56 57 | | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE | |

| | | | | MONTHLY AVERAGE | | | | | | | |
|--------------------------------|-------|------------------|--------------|-----------------|------------|----------|----------|--|--|--|--|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | | | | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | | | | |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 | | | | |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 | | | | |
| | | | | | | | | | | | |

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00

03/14/05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,289

FEE-FOR-SERVICE/DENTAL MOP024 SOLANO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

----- MONTHLY AVERAGE -----41 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @TOTAL, ALL PROVIDERS 286 680 \$

 EXPENDITURES
 AVERAGE COST UNITS/DAYS
 COST PER PER UNIT/DAY
 COST PER ELIG
 COST PER ELIGIBLE

 73,229.79
 \$ 107.69
 16.585
 \$ 256.05
 \$ 1786.09

 2,166.65
 \$ 49.24
 1.073
 \$ 216.67
 \$ 52.85

 262.88
 65.72
 .098
 87.63
 6.41

 18.10
 .024
 18.10
 .44

 .00
 .00
 .00
 .00
 .00

 244.78
 81.59
 .073
 81.59
 5.97

 .00
 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00
 .00

 .00
 .00
 .

| ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 | 2 |
|--|----------------|
| | 00 57 92 |
| | 57 92 |
| PATHOLOGY 3 14 68.45 4.89 .341 22.82 1.0 | 2 |
| | |
| | 0 (|
| IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 | 0 |
| OTHER SERVICES/ALL X-OVERS 3 4 196.10 49.03 .098 65.37 4. | 8 |
| @PHARMACY 30 70 \$ 10,363.97 \$ 148.06 1.707 \$ 345.47 \$ 252. | 8 |
| PRESCRIPTION DRUGS 28 64 10,128.45 158.26 1.561 361.73 247. | 4 |
| · | 0 |
| OUTPATIENTS 28 64 10,128.45 158.26 1.561 361.73 247. | 4 |
| MEDICAL SUPPLIES 2 6 235.52 39.25 .146 117.76 5. | 4 |
| @DENTIST 25 110 \$ 727.00 \$ 6.61 2.683 \$ 29.08 \$ 17. | 3 |
| VISITS - DIAGNOSTIC 20 88 346.00 3.93 2.146 17.30 8.4 | 4 |
| ORAL SURGERY 3 4 381.00 95.25 .098 127.00 9.3 | . 9 |
| DRUGS 0 0 .00 .00 .00 .00 .00 .00 | 0 |
| ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 .00 | 0 |
| PERIODONTICS 0 0 .00 .00 .00 .00 .00 .00 .00 | 0 |
| ENDODONTICS 1 1 1 .00 .00 .024 .00 .0 | 0 |
| RESTORATIVE DENTISTRY 7 16 .00 .00 .390 .00 .00 | 0 |
| PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 | 0 |
| DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00 .00 | 0 |
| SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 | 0 |
| MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 | 0 |
| FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 | 0 |
| ORTHODONTIC SERVICES 1 1 1 .00 .00 .024 .00 .0 | 0 |
| ALL OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00 | 0 |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15 | |
| MOP024 FEE-FOR-SERVICE/DENTAL 03/1 | /05 |

| 002111.0 0001121 | 001111111111111111111111111111111111111 | 0 _ 0 _ 1 0 1 . | | | 010 1111 | 0022 | 00 00 01 | | | | | |
|------------------------------|---|-----------------|---------|----|--------------|------|------------|-----------|-----|------------|----|----------|
| | | | | | | | | M | INO | THLY AVERA | GΕ | |
| 41 ELIGIBLES | USERS | UNITS OF | SERVICE | 3 | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS | OF CARE | 3 | | PΕ | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 84 | | 191 | \$ | 42,218.74 | \$ | 221.04 | 4.659 | \$ | 502.60 | \$ | 1029.73 |
| HOSP INPATIENT TOTAL | 3 | | 15 | | 36,402.04 | | 2426.80 | .366 | | 12134.01 | | 887.85 |
| HSC HOSPITALS | 1 | | 8 | | 12,000.00 | | 1500.00 | .195 | | 12000.00 | | 292.68 |
| NON-HSC HOSPITAL TOTAL | 2 | | 7 | | 24,402.04 | | 3486.01 | .171 | | 12201.02 | | 595.17 |
| ACCOMMODATIONS | 2 | | 7 | | 7,976.00 | | 1139.43 | .171 | | 3988.00 | | 194.54 |

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

SOLANO COUNTY

| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|--------------------------|----------|--------|---------------------|------------|-------------|--------------|-------------|
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 7 | | 7,976.00 | 1139.43 | .171 | 3988.00 | 194.54 |
| ANCILLARIES | 2 | 0 | | 16,426.04 | .00 | .000 | 8213.02 | 400.64 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 81 | 176 | | 5,816.70 | 33.05 | 4.293 | 71.81 | 141.87 |
| MEDICAL | 2 | 2 | | 47.20 | 23.60 | .049 | 23.60 | 1.15 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 7 | 37 | | 317.47 | 8.58 | .902 | 45.35 | 7.74 |
| RADIOLOGY | 4 | 5 | | 305.81 | 61.16 | .122 | 76.45 | 7.46 |
| ROOM USE | 8 | 12 | | 448.08 | 37.34 | .293 | 56.01 | 10.93 |
| CROSSOVERS/ALL OTH OUTPTNT | 76 | 120 | | 4,698.14 | 39.15 | 2.927 | 61.82 | 114.59 |
| @COUNTY HOSPITAL TOTAL | 1 | 1 | \$ | 46.54 \$ | 46.54 | .024 | \$ 46.54 | \$ 1.14 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 1 | | 46.54 | 46.54 | .024 | 46.54 | 1.14 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | | 46.54 | 46.54 | .024 | 46.54 | 1.14 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITU | RES MO | NTH-OF-PAYMENT REPO | RT FOR JAN | 2004 THRU I | DEC 2004 | PAGE 15,291 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | MI/MN 2 | ALIEN | WITHOUT SIS AID COD | E 55 58 5F | | | |
| | | | | | | MO | ONTHLY AVERA | GE |
| | | | | | | , | | |

| | | | | | | NIUDI WARVE | | | |
|----------------------------|-------|------------------|--|--------------|--------------|-------------|------------|------|---------|
| 41 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | S COST PER | CC | OST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ΕI | LIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 83 | 190 \$ | | 42,172.20 | \$ 221.96 | 4.634 | \$ 508.10 | \$ 1 | 1028.59 |
| COMM HOSP INPATIENT TOTAL | 3 | 15 | | 36,402.04 | 2426.80 | .366 | 12134.01 | | 887.85 |
| HSC HOSPITALS | 1 | 8 | | 12,000.00 | 1500.00 | .195 | 12000.00 | | 292.68 |
| NON-HSC HOSPITALS TOTAL | 2 | 7 | | 24,402.04 | 3486.01 | .171 | 12201.02 | | 595.17 |
| ACCOMMODATIONS | 2 | 7 | | 7,976.00 | 1139.43 | .171 | 3988.00 | | 194.54 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 7 | | 7,976.00 | 1139.43 | .171 | 3988.00 | | 194.54 |
| ANCILLARIES | 2 | 0 | | 16,426.04 | .00 | .000 | 8213.02 | | 400.64 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 80 | 175 | | 5,770.16 | 32.97 | 4.268 | 72.13 | | 140.74 |
| MEDICAL | 2 | 2 | | 47.20 | 23.60 | .049 | 23.60 | | 1.15 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 7 | 37 | | 317.47 | 8.58 | .902 | 45.35 | | 7.74 |
| RADIOLOGY | 4 | 5 | | 305.81 | 61.16 | .122 | 76.45 | | 7.46 |
| ROOM USE | 8 | 12 | | 448.08 | 37.34 | .293 | 56.01 | | 10.93 |
| CROSSOVERS/ALL OTH OUTPTNT | 75 | 119 | | 4,651.60 | 39.09 | 2.902 | 62.02 | | 113.45 |
| @STATE HOSPITAL | 0 | 0 \$ | | .00 | \$.00 | .000 | \$.00 | \$ | .00 |

| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|---------------------|-----|-------|---------------------|-------|-----------|-----------|-----|--------|----|------------|
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 6 | 17 | \$ | 392.20 | \$ | 23.07 | .415 | \$ | 65.37 | \$ | 9.57 |
| PATHOLOGY | 6 | 17 | | 392.20 | | 23.07 | .415 | | 65.37 | | 9.57 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 81 | 182 | \$ | 10,431.23 | \$ | 57.31 | 4.439 | \$ | 128.78 | \$ | 254.42 |
| CLINIC | 1 | 15 | | 361.91 | | 24.13 | .366 | | 361.91 | | 8.83 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 80 | 167 | | 10,069.32 | | 60.30 | 4.073 | | 125.87 | | 245.59 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | | RES M | MONTH-OF-PAYMENT RE | EPORT | ' FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 15,292 |
| MOP024 | FEE-FOR-SERVICE/DEN | TAL | | | | | | | | | 03/14/05 |

| SOLANO COUNTI | SOUTHAINT OF SER | VICES FOR MI/MN AL. | الالتلك | WIIIIOOI SIS AID | CODE . |)J JO JE | | | | | |
|--------------------------------|------------------|---------------------|---------|------------------|--------|-----------|------------|-----|-----------|-----|----------|
| | | | | | | | MC | TNC | HLY AVERA | .GE | |
| 41 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 3 | COST PER | i | COST PER |
| | | OR DAYS OF CARE | | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 66 | 66 | \$ | 6,930.00 | \$ | 105.00 | 1.610 | \$ | 105.00 | \$ | 169.02 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 66 | 66 | | 6,930.00 | | 105.00 | 1.610 | | 105.00 | | 169.02 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHOTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

SOLANO COUNTY

| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|----|-----------------|--------------|------|-------------|--------------|
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 1 | 21 | \$ 12,000.00 | \$ 571.43 | .512 | \$ 12000.00 | \$ 292.68 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,293 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| 1101 024 | THE FOR SERVICE | | | | | | | | | 03/1 | -4/05 |
|----------------------------|-----------------|----------|---------|----|--------------|-------|-----------|------------|-------------|--------|-------|
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR | REFUGEE | S | AID | CODES | 01 02 08 | 0A | | | |
| | | | | | | | | | NTHLY AVERA | | |
| 00 ELIGIBLES | USERS | UNITS OF | SERVICE | 3 | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | COST PER | COST E | PER |
| | | OR DAYS | OF CARE |] | | PER | UNIT/DAY | PER ELIG | USER | ELIGIE | 3LE |
| @TOTAL, ALL PROVIDERS | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$. | .00 |
| @PHYSICIANS SERVICES | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | | \$. | .00 |
| OUTPATIENT VISITS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OFFICE VISITS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HOME VISITS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PREVENTIVE CARE | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HOSPITAL VISITS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CRITICAL CARE | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| EXAMINATIONS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DIALYSIS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PSYCHIATRY | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @PHARMACY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | | \$. | .00 |
| PRESCRIPTION DRUGS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SNF/ICF | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL SUPPLIES | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @DENTIST | 0 | | 0 | \$ | .00 | | .00 | .000 | | | .00 |
| VISITS - DIAGNOSTIC | 0 | | 0 | • | .00 | | .00 | .000 | .00 | | .00 |
| ORAL SURGERY | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DRUGS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | | Ö | | .00 | | .00 | .000 | .00 | | .00 |
| - | - | | - | | | | | | | • | - |

| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
|--|------------------------------------|---------------------------------|----------|--|--|--|--|---------------|--|
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDIT | URES | MONTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DE | C 2004 | PA | GE 15,294 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR REFUG | EES | AID | CODES 01 02 08 | 0A | | | |
| | | | | | | | | | |
| | | | | | | | ITHLY AVERA | - | |
| 00 ELIGIBLES | USERS | UNITS OF SERVI | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | С | OST PER |
| | USERS | UNITS OF SERVI OR DAYS OF CA | | | PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | C E | LIGIBLE |
| @OPTOMETRIST | USERS 0 | | | .00 | PER UNIT/DAY | UNITS/DAYS PER ELIG .000 \$ | COST PER USER .00 | С | LIGIBLE .00 |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED | USERS 0 0 | | | .00 | PER UNIT/DAY \$.00 .00 | UNITS/DAYS PER ELIG .000 \$ | COST PER USER .00 .00 | C E | LIGIBLE .00 .00 |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES | USERS 0 0 0 | | | .00 | PER UNIT/DAY \$.00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 | COST PER USER .00 .00 | C E | .00 .00 .00 |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES | USERS 0 0 0 0 0 | | RE \$ | .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 | COST PER USER .00 .00 .00 .00 | C E \$ | .00 .00 .00 .00 |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR | USERS 0 0 0 0 0 0 | | | .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 \$.00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 | COST PER USER .00 .00 .00 .00 .00 .00 | C E | .00 .00 .00 .00 .00 |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS | USERS 0 0 0 0 0 0 0 0 | | RE \$ | .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 \$.000 | COST PER USER .00 .00 .00 .00 .00 .00 | C E \$ | .00 .00 .00 .00 .00 .00 |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES | USERS 0 0 0 0 0 0 0 0 0 | | RE \$ | .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 | COST PER USER | C' E \$ | .00 .00 .00 .00 .00 .00 .00 |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST | USERS 0 0 0 0 0 0 0 0 0 0 0 | | RE \$ | .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 | C E \$ | LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS | USERS 0 0 0 0 0 0 0 0 0 0 0 0 | | RE \$ | .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 \$.00 \$.00 .00 \$.00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 . | C' E \$ | LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST | USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | RE \$ | .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 | UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 | C' E \$ | LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 |

0

0

0

0

0

\$ \$ \$

OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

.00

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

.00

.000

.000 \$

.000 \$

.000 \$

.000 \$

.00

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

.00

| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
|-----------------------------|----------------|----------------------|--------------------|-----------------|--------------|------------|----------|
| @TOTAL HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | • |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | - | | | | | |
| NON-HSC HOSPITAL TOTAL | U | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| ALL OTHER INPATIENT | U | U | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | Ô | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | • | | | | | |
| @COUNTY HOSPITAL TOTAL | U | 0 \$ | .00 | \$.00 | .000 \$ | | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | | | | |
| ANCILLARIES | U | U | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | .00 | |
| ROOM USE | U | 0 | .00 | .00 | .000 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITURES | MONTH-OF-PAYMENT R | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | • |
| MOP024 | FEE-FOR-SERVIC | E/DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SER | VICES FOR REFUGEES | AID | CODES 01 02 08 | 0A | | |
| | | | | | MON | THLY AVERA | GE |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | • | · · | | | | | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| DONOBINI | O | O | | .00 | | .00 | .000 | | .00 | | .00 |
|---|---------------------|---------------------|-------|--------------|--------|------------|------|-------|-----------|----|----------|
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | Ś | .00 | \$ | .00 | .000 | Ś | .00 | Ś | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | т | .00 | т | .00 | .000 | т | .00 | Τ | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B KEHAB MD LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | | | | | | | | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | ć | .00 | Ċ | .00 | .000 | Ċ | .00 | ć | .00 |
| @INTERMEDIATE CARE FACILDD | Ü | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITUR | ES MO | | REPORT | | | DEC 2 | | PA | |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | | ICES FOR REFUGEE | S | AID | CODES | 3 01 02 08 | 0 A | | | | 00/11/00 |
| 5021116 0001111 | 2011111111 01 21111 | 1020 1010 1021 0022 | ~ | 1112 | 00220 | | MO | титис | T.Y AVERA | FE | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | RAGE COST | | | | | OST PER |
| 00 HIIGIBIB | COLING | OR DAYS OF CARE | | LATENDITORES | | R UNIT/DAY | |) (| USER | | LIGIBLE |
| @ALL OTHER PROVIDERS | 0 | OR DATS OF CARE | \$ | .00 | | .00 | .000 | Ś | .00 | | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | Ψ | .00 | Υ | .00 | .000 | Ψ | .00 | Ψ | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | | | | | | | | |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

0

.00

.00

.000

.00

.00

SURGERY

| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|---|-----------|-----------|------|-----------|-----------|
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,297

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

| | | | | | MON | THLY AVERAG | E |
|----------------------------|-------|------------------|--------------|--------------|------------|-------------|------------|
| 05 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 32 | 221 \$ | 24,723.28 | \$ 111.87 | 44.200 \$ | 772.60 | \$ 4944.66 |
| @PHYSICIANS SERVICES | 16 | 87 \$ | 6,462.02 | \$ 74.28 | 17.400 \$ | 403.88 | \$ 1292.40 |
| OUTPATIENT VISITS | 8 | 9 | 523.58 | 58.18 | 1.800 | 65.45 | 104.72 |
| OFFICE VISITS | 5 | 6 | 326.30 | 54.38 | 1.200 | 65.26 | 65.26 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 3 | 3 | 197.28 | 65.76 | .600 | 65.76 | 39.46 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 2 | 31 | 1,106.68 | 35.70 | 6.200 | 553.34 | 221.34 |
| HOSPITAL VISITS | 2 | 30 | 1,015.48 | 33.85 | 6.000 | 507.74 | 203.10 |
| CRITICAL CARE | 1 | 1 | 91.20 | 91.20 | .200 | 91.20 | 18.24 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 17 | | 108.55 | 3.400 | 1845.41 | 369.08 |
| PRINCIPAL SURGEON | 1 | 1 | 1,520.10 | 1520.10 | .200 | 1520.10 | 304.02 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 16 | 325.31 | 20.33 | 3.200 | 325.31 | 65.06 |
| OUTPATIENT SURGERY | 3 | 7 | 659.33 | 94.19 | 1.400 | 219.78 | 131.87 |
| PRINCIPAL SURGEON | 2 | 3 | 565.32 | 188.44 | .600 | 282.66 | 113.06 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 4 | 94.01 | 23.50 | .800 | 94.01 | 18.80 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 2 | 9.88 | 4.94 | | 4.94 | 1.98 |
| RADIOLOGY | 8 | 19 | • | | 3.800 | 286.81 | 458.89 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 2 | 22.69 | | | 22.69 | |
| @PHARMACY | 9 | 36 \$ | 3,375.49 | • | 7.200 \$ | | • |
| PRESCRIPTION DRUGS | 9 | 36 | 3,375.49 | 93.76 | 7.200 | 375.05 | 675.10 |
| SNF/ICF | 0 | 0 | .00 | | .000 | .00 | .00 |
| OUTPATIENTS | 9 | 36 | 3,375.49 | 93.76 | 7.200 | 375.05 | 675.10 |

| MEDICAL SUPPLIES | 0 | | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
|---|--------------------|----------|----------|----------|--------------|--------|-------------|-------------|----------|-----------------------|----------|------------|
| @DENTIST | 4 | | 15 | S | 290.00 | | 19.33 | 3.000 | Ś | 72.50 | Ś | 58.00 |
| VISITS - DIAGNOSTIC | 2 | | 10 | 4 | 146.00 | | 14.60 | 2.000 | 7 | 73.00 | т | 29.20 |
| ORAL SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 1 | | 5 | | 144.00 | | 28.80 | 1.000 | | 144.00 | | 28.80 |
| PROSTHETICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 1 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | C AND EV | Ü | DEC MONT | | | | | DEC | | Ъ | AGE 15,298 |
| MOP024 | FEE-FOR-SERVICE | | PENDIIO. | RES MONI | H-OF-PAIMENI | REPUI | RI FOR JAN | 2004 IRKU . | DEC | 2004 | P | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICE | | BCCTP- | | | 7.TD (| CODES OM ON | O.D. | | | | 03/14/03 |
| SOLANO COUNTI | SUMMARI OF SERVI | ICES FOR | BCCIP- | FEDERAL | | AID (| LODES OM ON | M | استلات | UTV AUDDA | CE | |
| 05 ELIGIBLES | USERS | UNITS OF | CEDUIC | c- | EXPENDITURES | 7.7 | JERAGE COST | | | ndi Avera COST PER | | COST PER |
| 00 ELIGIBLES | USEKS | OR DAYS | | | EVERNDIIOVES | | ER UNIT/DAY | | 5 (| USER | | ELIGIBLE |
| A O DELOMETED I CE | 0 | OR DAIS | OF CAR. | £ \$ | .00 | | .00 | .000 | ċ | .00 | \$ | .00 |
| @OPTOMETRIST | 0 | | 0 | ş | .00 | | .00 | .000 | Ş | .00 | Ą | .00 |
| DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | Ś | .00 | | .00 | .000 | ċ | .00 | \$ | .00 |
| @CHIROPRACTOR | 0 | | 0 | ş | .00 | | .00 | .000 | Ş | .00 | Ą | .00 |
| VISITS | 0 | | 0 | | .00 | | | | | .00 | | |
| OTHER SERVICES | 0 | | 0 | \$ | .00 | | .00 | .000 | Ś | .00 | Ś | .00 |
| @PODIATRIST | 0 | | 0 | Ş | | | .00 | .000 | Ş | .00 | Ş | .00 |
| MEDICINE/INJECTIONS | 0 | | - | | .00 | | .00 | .000 | | | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | 0 | ć | .00 | | .00 | .000 | ċ | .00 | Ċ | .00 |
| @HOME HEALTH AGENCY | 0 | | 0 | \$ \$ | .00 | | .00 | .000 | \$ \$ | .00 | \$ \$ | .00 |
| NURSE ANESTHESIST | 0 | | 0 | | | | .00 | .000 | | | - T | .00 |
| NURSE MIDWIFE | • | | 0 | \$ \$ | .00 | | .00 | .000 | \$ \$ | .00 | \$ \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | . 0 | | 0 | ş | .00 | | .00 | .000 | | .00 | - T | .00 |
| FAMILY NURSE PRACTITIONER | 8 | | 67 | ې د | .00 | | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 8 | | | Ş | 13,797.20 | | 205.93 | 13.400 | | 1724.65 | \$ | 2759.44 |
| HOSP INPATIENT TOTAL | 1 | | 6 | | 10,254.00 | | 1709.00 | 1.200 | | 10254.00 | | 2050.80 |
| HSC HOSPITALS | 1 | | 6 | | 10,254.00 | | 1709.00 | 1.200 | | 10254.00 | | 2050.80 |
| NON-HSC HOSPITAL TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | Ü | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

0

61

5

1

34

13

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

0

8

3

1

6

4

3

.00

.00

3,543.20

364.02

33.95

464.75

233.44

2,388.91

.00

.00

58.09

72.80

33.95

13.67

58.36

183.76

.000

.000

12.200

1.000

.200

6.800

2.600

.800

.00

.00

442.90

121.34

33.95

77.46

77.81

597.23

.00

.00

708.64

72.80

6.79

92.95

477.78

46.69

| CROSSOVERS/ALL OTH OUTPTNT | 2 | 4 | 58.13 | 14.53 | .800 | 29.07 | 11.63 |
|-----------------------------|---------------------|-----------------------|------------------|-----------------|--------------|------------|-------------|
| @COUNTY HOSPITAL TOTAL | 1 | 3 \$ | 102.28 | \$ 34.09 | .600 \$ | 102.28 | \$ 20.46 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 3 | 102.28 | 34.09 | .600 | 102.28 | 20.46 |
| MEDICAL | 1 | 1 | 22.72 | 22.72 | .200 | 22.72 | 4.54 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 1 | 42.25 | 42.25 | .200 | 42.25 | 8.45 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 37.31 | 37.31 | .200 | 37.31 | 7.46 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | AND EXPENDITURES MONT | TH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 15,299 |
| MOP024 | FEE-FOR-SERVICE/DEN | ITAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR BCCTP-FEDERAL | A. | ID CODES OM ON | 0 P | | |
| | | | | | MON | THLY AVERA | GE |
| 05 ELIGIBLES | USERS UNI | TS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | OF | R DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 7 | 64 \$ | 13,694.92 | | | 1956.42 | • |
| COMM HOSP INPATIENT TOTAL | 1 | 6 | 10,254.00 | 1709.00 | 1.200 | 10254.00 | 2050.80 |
| HSC HOSPITALS | 1 | 6 | 10,254.00 | 1709.00 | 1.200 | 10254.00 | 2050.80 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------------|------------------|------------------|----------|-----------------|--------|-----------|-----------|-----|-----------|------|------------|
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 7 | 58 | | 3,440.92 | | 59.33 | 11.600 | | 491.56 | | 688.18 |
| MEDICAL | 2 | 4 | | 341.30 | | 85.33 | .800 | | 170.65 | | 68.26 |
| SURGERY | 1 | 1 | | 33.95 | | 33.95 | .200 | | 33.95 | | 6.79 |
| PATHOLOGY | 5 | 33 | | 422.50 | | 12.80 | 6.600 | | 84.50 | | 84.50 |
| RADIOLOGY | 4 | 13 | | 2,388.91 | | 183.76 | 2.600 | | 597.23 | | 477.78 |
| ROOM USE | 2 | 3 | | 196.13 | | 65.38 | .600 | | 98.07 | | 39.23 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 4 | | 58.13 | | 14.53 | .800 | | 29.07 | | 11.63 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| LEV A-INTERMEDIATE | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | ċ | .00 | ċ | .00 |
| @INTERMEDIATE CARE FACILDD ICF DDH | 0 | 0 | Ş | .00 | Ą | .00 | .000 | Ş | .00 | Ş | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ċ | .00 |
| HOSPITAL BASED | 0 | 0 | Ÿ | .00 | Ą | .00 | .000 | ۲ | .00 | Ą | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | Ś | .00 |
| HOSPITAL BASED | 0 | 0 | Ÿ | .00 | Y | .00 | .000 | ٧ | .00 | Y | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 4 | 5 | \$ | 384.61 | \$ | 76.92 | 1.000 | Ś | 96.15 | Ś | 76.92 |
| PATHOLOGY | 4 | 5 | Ψ | 384.61 | ٧ | 76.92 | 1.000 | ۲ | 96.15 | 7 | 76.92 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2 | 3 | \$ | 236.53 | \$ | 78.84 | .600 | \$ | 118.27 | Ś | 47.31 |
| CLINIC | 1 | 2 | | 177.53 | | 88.77 | .400 | | 177.53 | | 35.51 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 1 | 1 | | 59.00 | | 59.00 | .200 | | 59.00 | | 11.80 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITU | RES MONT | TH-OF-PAYMENT F | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | PA | AGE 15,300 |
| MOP024 | FEE-FOR-SERVICE, | /DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR BCCTP- | FEDERAL | I | AID CO | DES OM ON | 0P | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE - | |
| 05 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S (| COST PER | (| COST PER |
| | | OR DAYS OF CAR | Œ | | PER | UNIT/DAY | PER ELIG | | USER | Ι | ELIGIBLE |
| @ALL OTHER PROVIDERS | 4 | 8 | \$ | 177.43 | \$ | 22.18 | 1.600 | | 44.36 | \$ | 35.49 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|---|---|-----------|-----------|-------|-----------|-----------|
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 3 | 6 | 78.24 | 13.04 | 1.200 | 26.08 | 15.65 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 99.19 | 49.60 | .400 | 99.19 | 19.84 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| | | | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,301
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 @TOTAL, ALL PROVIDERS .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 .00 OUTPATIENT VISITS 0 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .000 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 PSYCHIATRY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|---|---------|-----------------|--------------|-----------|----------|-------------|
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | S MONTH | H-OF-PAYMENT RE | PORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 15,302 |

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .00 \$ @OPTOMETRIST .000 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$.00 \$ @CHIROPRACTOR .00 .000 \$.00 VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 OTHER 0 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$.00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .000 \$.00 \$ NURSE MIDWIFE .00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 FAMILY NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 .000 \$.00 \$ @TOTAL HOSPITAL .00 \$.00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00

| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------------|-------------------------|--------------|--------------------|-----------------|--------------|------------|-------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 5 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | VDENDITUIDES | | | | | PAGE 15,303 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | VEFINDITORES | MONIH-OF-FAIMENI K | EFORT FOR JAN 2 | OU4 INKO DEC | 2004 | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | BCCTP-STAT | E-ONIV AID | CODES OR OT OU | 077 | | 03/14/03 |
| SOLIANO COUNTI | SOUMANT OF SERVICES FOR | . DCCIF-SIAI | E ONLI AID | CODES OK 01 00 | | HLY AVERAG | F |
| 00 ELIGIBLES | USERS UNITS C | F SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| OO EDIGIDES | OSTIVO CNITO | L SHIVATOR | EVE ENDITORES | VARIVAGE COST | ONIIS/DAIS | COSI FER | COSI PEK |

| | | | | | MON | THLY AVERA | GE |
|-----------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 \$ | .00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------|------------|----------|----------|---------------|--------|------------|-----------|--------|-------|------|-----------|
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXE | PENDITUR | ES MONTH | -OF-PAYMENT I | REPORT | FOR JAN 2 | 2004 THRU | DEC 20 | 04 | PA | GE 15,304 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR | BCCTP-S | TATE-ONL | Y AID | CODES | OR OT OU | 0V | | | | |
| | | | | | | | | M | ONTHLY | AVERA | GE - | |
| 00 ELIGIBLES | USERS | UNITS OF | SERVICE | | EXPENDITURES | AVE | CRAGE COST | UNITS/DAY | s cos | T PER | С | OST PER |
| | | OR DAYS | OF CARE | | | PER | R UNIT/DAY | PER ELIG | U | ISER | E | LIGIBLE |
| @ALL OTHER PROVIDERS | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|---|------|--------|-----|---------|--------|-----|
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| | | | | | | | |

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,305 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

| | | | | MONTHLY AVERAGE | | | | |
|----------------------------|-------|------------------|-----------------|-----------------|------------|-----------|----|----------|
| 05 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 32 | 221 | \$ 24,723.28 | \$ 111.87 | 44.200 | \$ 772.60 | \$ | 4944.66 |
| @PHYSICIANS SERVICES | 16 | 87 | \$ 6,462.02 | \$ 74.28 | 17.400 | \$ 403.88 | \$ | 1292.40 |
| OUTPATIENT VISITS | 8 | 9 | 523.58 | 58.18 | 1.800 | 65.45 | | 104.72 |
| OFFICE VISITS | 5 | 6 | 326.30 | 54.38 | 1.200 | 65.26 | | 65.26 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 3 | 3 | 197.28 | 65.76 | .600 | 65.76 | | 39.46 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 2 | 31 | 1,106.68 | 35.70 | 6.200 | 553.34 | | 221.34 |
| HOSPITAL VISITS | 2 | 30 | 1,015.48 | 33.85 | 6.000 | 507.74 | | 203.10 |
| CRITICAL CARE | 1 | 1 | 91.20 | 91.20 | .200 | 91.20 | | 18.24 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 17 | 1,845.41 | 108.55 | 3.400 | 1845.41 | | 369.08 |
| PRINCIPAL SURGEON | 1 | 1 | 1,520.10 | 1520.10 | .200 | 1520.10 | | 304.02 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 16 | 325.31 | 20.33 | 3.200 | 325.31 | | 65.06 |
| OUTPATIENT SURGERY | 3 | 7 | 659.33 | 94.19 | 1.400 | 219.78 | | 131.87 |
| PRINCIPAL SURGEON | 2 | 3 | 565.32 | 188.44 | .600 | 282.66 | | 113.06 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| ASSISTANT SURGEON | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
|----------------------------|-----------------|------------|-----------|-------|------------------|---------|---------|-----------|--------------|------|------------|
| ANESTHESIOLOGIST | 1 | | 4 | | 94.01 | | 23.50 | .800 | 94.01 | | 18.80 |
| DIALYSIS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 2 | | 2 | | 9.88 | | 4.94 | .400 | 4.94 | | 1.98 |
| RADIOLOGY | 8 | | 19 | | 2,294.45 | 1 | 20.76 | 3.800 | 286.81 | | 458.89 |
| PSYCHIATRY | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | | 2 | | 22.69 | | 11.35 | .400 | 22.69 | | 4.54 |
| @PHARMACY | 9 | | 36 | \$ | 3,375.49 | \$ | 93.76 | 7.200 | | \$ | 675.10 |
| PRESCRIPTION DRUGS | 9 | | 36 | | 3,375.49 | | 93.76 | 7.200 | 375.05 | | 675.10 |
| SNF/ICF | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 9 | | 36 | | 3,375.49 | | 93.76 | 7.200 | 375.05 | | 675.10 |
| MEDICAL SUPPLIES | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @DENTIST | 4 | | 15 | \$ | 290.00 | \$ | 19.33 | 3.000 | \$ 72.50 | \$ | 58.00 |
| VISITS - DIAGNOSTIC | 2 | | 10 | | 146.00 | | 14.60 | 2.000 | 73.00 | | 29.20 |
| ORAL SURGERY | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DRUGS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ENDODONTICS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RESTORATIVE DENTISTRY | 1 | | 5 | | 144.00 | | 28.80 | 1.000 | 144.00 | | 28.80 |
| PROSTHETICS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 1 | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EX | XPENDITUR | ES MO | NTH-OF-PAYMENT R | EPORT F | OR JAN | | | P | AGE 15,306 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR | BCCTP-T | OTAL | | | | | | | |
| | | | | | | | | Mo | ONTHLY AVERA | GE · | |
| 05 ELIGIBLES | USERS | UNITS OF | F SERVICE | | EXPENDITURES | AVERA | GE COST | UNITS/DAY | | - | COST PER |
| | | OR DAYS | S OF CARE | | | PER U | NIT/DAY | PER ELIG | USER | | ELIGIBLE |

| | | | | | | | M | OM.I | THLY AVERA | .GE | |
|------------------------------|-------|------------------|----|--------------|----|------------|-----------|------|------------|-----|----------|
| 05 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PE | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | • | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | Ś | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| VISITS | 0 | 0 | | .00 | ' | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | Ś | .00 | Ś | .00 | | Ś | .00 | Ś | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | ' | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | Ś | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| NURSE ANESTHESIST | 0 | 0 | Ś | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| NURSE MIDWIFE | 0 | 0 | Ś | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 8 | 67 | \$ | 13,797.20 | \$ | 205.93 | 13.400 | \$ | 1724.65 | \$ | 2759.44 |
| HOSP INPATIENT TOTAL | 1 | 6 | | 10,254.00 | | 1709.00 | 1.200 | | 10254.00 | | 2050.80 |
| HSC HOSPITALS | 1 | 6 | | 10,254.00 | | 1709.00 | 1.200 | | 10254.00 | | 2050.80 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | Ó | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| - | | | | | | | | | | | |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|---------------------------------------|----------------------|--------------------|-----------------|---------------|--------------|------------|-------------|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 8 | 61 | 3,543.20 | 58.09 | 12.200 | 442.90 | 708.64 |
| MEDICAL | 3 | 5 | 364.02 | 72.80 | 1.000 | 121.34 | 72.80 |
| SURGERY | 1 | 1 | 33.95 | 33.95 | .200 | 33.95 | 6.79 |
| PATHOLOGY | 6 | 34 | 464.75 | 13.67 | 6.800 | 77.46 | 92.95 |
| RADIOLOGY | 4 | 13 | 2,388.91 | 183.76 | 2.600 | 597.23 | 477.78 |
| ROOM USE | 3 | 4 | 233.44 | 58.36 | .800 | 77.81 | 46.69 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 4 | 58.13 | 14.53 | .800 | 29.07 | 11.63 |
| @COUNTY HOSPITAL TOTAL | 1 | 3 \$ | 102.28 | \$ 34.09 | .600 \$ | 102.28 | \$ 20.46 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 3 | 102.28 | 34.09 | .600 | 102.28 | 20.46 |
| MEDICAL | 1 | 1 | 22.72 | 22.72 | .200 | 22.72 | 4.54 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 1 | 42.25 | 42.25 | .200 | 42.25 | 8.45 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 37.31 | 37.31 | .200 | 37.31 | 7.46 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURES MON | TH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,307 |
| MOP024 | FEE-FOR-SERVICE/DENT | AL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | FOR BCCTP-TOTAL | | | | | |
| | | | | | MON | THLY AVERA | GE |
| 05 ELIGIBLES | USERS UNIT | S OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | OR | DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 7 | 64 \$ | 13,694.92 | \$ 213.98 | 12.800 \$ | 1956.42 | \$ 2738.98 |
| COMM HOSP INPATIENT TOTAL | 1 | 6 | 10,254.00 | 1709.00 | 1.200 | 10254.00 | 2050.80 |
| HSC HOSPITALS | 1 | 6 | 10,254.00 | 1709.00 | 1.200 | 10254.00 | 2050.80 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| · · · · · · · · · · · · · · · · · · · | | | | 112 | 1 2 2 2 | | |

| 05 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | S COST PER | COST PER |
|----------------------------|-------|------------------|-----------------|--------------|------------|------------|---------------|
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 7 | 64 | \$ 13,694.92 | \$ 213.98 | 12.800 | \$ 1956.42 | \$ 2738.98 |
| COMM HOSP INPATIENT TOTAL | 1 | 6 | 10,254.00 | 1709.00 | 1.200 | 10254.00 | 2050.80 |
| HSC HOSPITALS | 1 | 6 | 10,254.00 | 1709.00 | 1.200 | 10254.00 | 2050.80 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 7 | 58 | 3,440.92 | 59.33 | 11.600 | 491.56 | 688.18 |
| MEDICAL | 2 | 4 | 341.30 | 85.33 | .800 | 170.65 | 68.26 |
| SURGERY | 1 | 1 | 33.95 | 33.95 | .200 | 33.95 | 6.79 |
| PATHOLOGY | 5 | 33 | 422.50 | 12.80 | 6.600 | 84.50 | 84.50 |
| RADIOLOGY | 4 | 13 | 2,388.91 | 183.76 | 2.600 | 597.23 | 477.78 |
| ROOM USE | 2 | 3 | 196.13 | 65.38 | .600 | 98.07 | 39.23 |
| CROSSOVERS/ALL OTH OUTPINT | 2 | 4 | 58.13 | 14.53 | .800 | 29.07 | 11.63 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| MENTALLY ILL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|--------------------------------|------------------|-----------|--------|--------|--------------------|--------|------------|-----------|------|-----------|------|-----------|
| DEVELOP. DISABLED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | | 0 | ۲ | .00 | ۲ | .00 | .000 | Y | .00 | Ÿ | .00 |
| ICF DD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDV/DDCN | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | \$ | | \$ | | | ċ | | Ś | |
| @HEMODIALYSIS TOTAL | 0 | | 0 | Ş | .00 | Ş | .00 | .000 | \$ | .00 | Þ | .00 |
| HOSPITAL BASED | • | | - | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 4 | | 5 | \$ | 384.61 | \$ | 76.92 | 1.000 | \$ | | \$ | 76.92 |
| PATHOLOGY | 4 | | 5 | | 384.61 | | 76.92 | 1.000 | | 96.15 | | 76.92 |
| XO AND OTHERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2 | | 3 | \$ | 236.53 | \$ | 78.84 | .600 | \$ | 118.27 | \$ | 47.31 |
| CLINIC | 1 | | 2 | | 177.53 | | 88.77 | .400 | | 177.53 | | 35.51 |
| SURGICENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 1 | | 1 | | 59.00 | | 59.00 | .200 | | 59.00 | | 11.80 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EX | PENDIT | URES M | MONTH-OF-PAYMENT F | REPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | PA | GE 15,308 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR | BCCTP- | -TOTAI | | | | | | | | |
| | | | | | | | | M | IONT | HLY AVERA | GE - | |
| 05 ELIGIBLES | USERS | UNITS OF | SERVI | CE | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | S | COST PER | C | OST PER |
| | | OR DAYS | OF CAI | RE | | PER | R UNIT/DAY | PER ELIG | ; | USER | E | LIGIBLE |
| @ALL OTHER PROVIDERS | 4 | | 8 | \$ | 177.43 | \$ | 22.18 | 1.600 | \$ | 44.36 | \$ | 35.49 |
| DURABLE MED. EQUIP. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 3 | | 6 | | 78.24 | | 13.04 | 1.200 | | 26.08 | | 15.65 |
| | 0 | | 0 | | .00 | | .00 | .000 | | 20.08 | | .00 |
| PHYSICAL THERAPIST | 0 | | 0 | | | | | | | | | |
| PORTABLE X-RAY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | • | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | | • | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHOTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | | |

1 0 0

.00

.00

.00

99.19

.00

.00

.00

49.60

.000

.400

.000

.000

.00

.00

.00

99.19

.00

.00

.00

19.84

HOSPICE SERVICES

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PSYCHOLOGIST

| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|------|-----|--------|---------|--------|-----|
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,309
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

| | | | = | | | | |
|---------------------------|-------|------------------|--------------|--------------|------------|-------------|-----------|
| | | | | | MON | ITHLY AVERA | GE |
| 293 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 291 | 7,557 \$ | 164,994.13 | \$ 21.83 | 25.792 \$ | 566.99 | \$ 563.12 |
| @PHYSICIANS SERVICES | 22 | 43 \$ | 1,510.35 | \$ 35.12 | .147 \$ | 68.65 | \$ 5.15 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| INPATIENT HOSPITAL SURGERY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|--------------------------|----------|--------|---------------|---------|-------|----------|-----------|------|-----------|----|------------|
| PRINCIPAL SURGEON | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 22 | 43 | | 1,51 | 10.35 | | 35.12 | .147 | | 68.65 | | 5.15 |
| @PHARMACY | 8 | 148 | \$ | | 29.58 | \$ | 2.23 | .505 | \$ | 41.20 | \$ | 1.12 |
| PRESCRIPTION DRUGS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL SUPPLIES | 8 | 148 | | 32 | 29.58 | | 2.23 | .505 | | 41.20 | | 1.12 |
| @DENTIST | 1 | 7 | \$ | | .00 | \$ | .00 | .024 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 1 | 6 | | | .00 | | .00 | .020 | | .00 | | .00 |
| ORAL SURGERY | 1 | 1 | | | .00 | | .00 | .003 | | .00 | | .00 |
| DRUGS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | XPENDITU | JRES : | MONTH-OF-PAYN | MENT RI | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | P. | AGE 15,310 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | QMB - | ONLY | | | | AID CODE | E 80 | | | | |
| | | | | | | | | 1 | TNON | HLY AVERA | GE | |

| | | | | | | IM | OIN I | THLY AVERA | GĽ | |
|------------------------------|-------|------------------|--------------|-----|------------|-----------|-------|------------|----|----------|
| 293 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PEF | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 1 | 2 | \$ 47.45 | \$ | 23.73 | .007 | \$ | 47.45 | \$ | .16 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 1 | 2 | 47.45 | | 23.73 | .007 | | 47.45 | | .16 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 3 | 4 | \$ 44.60 | \$ | 11.15 | .014 | \$ | 14.87 | \$ | .15 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 3 | 4 | 44.60 | | 11.15 | .014 | | 14.87 | | .15 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |

| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
|-----------------------------|-----------------|-----------------|----------|-------------------|----------------|----------------|-------------|-------------|--|
| @TOTAL HOSPITAL | 205 | 145 | \$ | 154,198.52 | \$ 1063.44 | .495 | \$ 752.19 | • | |
| HOSP INPATIENT TOTAL | 184 | 0 | | 149,963.01 | .00 | | 815.02 | 511.82 | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| INPATIENT CROSSOVERS | 184 | 0 | | 149,963.01 | .00 | | 815.02 | 511.82 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 23 | 145 | | 4,235.51 | 29.21 | | 184.15 | 14.46 | |
| MEDICAL | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| SURGERY | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| PATHOLOGY | 0 | 0 | | | | | | | |
| RADIOLOGY | 0 | • | | .00 | .00 | | .00 | .00 | |
| ROOM USE | ŭ | 0 | | .00 | .00 | | .00 | .00 | |
| CROSSOVERS/ALL OTH OUTPTNT | | 145 | <u> </u> | 4,235.51 | 29.21 | | 184.15 | 14.46 | |
| @COUNTY HOSPITAL TOTAL | 2 | 6 | \$ | 34.36 | \$ 5.73 | | | | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| CO HOSP OUTPATIENT TOTAL | 2 | 6 | | 34.36 | 5.73 | .020 | 17.18 | .12 | |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RADIOLOGY | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| ROOM USE | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 6 | | 34.36 | 5.73 | | 17.18 | .12 | |
| #CALIF DEPT OF HEALTH SERV | | · · | RES M | ONTH-OF-PAYMENT R | | | | PAGE 15,311 | |
| MOP024 | FEE-FOR-SERVICE | | TODO II | | DIOINI ION OIL | N 2001 IIINO D | DC 2001 | 03/14/05 | |
| SOLANO COUNTY | | ICES FOR QMB - | ONT.V | | AID CO | DE 80 | | 03/14/03 | |
| BOLINO COUNTI | DOIMING OF DERV | TODO TOR QUD | ONLL | | nib co | | NTHLY AVERA | GE | |
| 293 ELIGIBLES | USERS | UNITS OF SERVIC | 'E | EXPENDITURES | AVERAGE CO | ST UNITS/DAYS | | COST PER | |
| 293 EDIGIDDES | OSERS | OR DAYS OF CAR | | EXIENDITORES | | AY PER ELIG | USER | ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 203 | 139 | \$ | 154,164.16 | \$ 1109.09 | | | - | |
| | 184 | | Ą | | | | | 511.82 | |
| COMM HOSP INPATIENT TOTAL | | 0 | | 149,963.01 | .00 | | 815.02 | | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| INPATIENT CROSSOVERS | 184 | 0 | | 149,963.01 | .00 | | 815.02 | 511.82 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 21 | 139 | | 4,201.15 | 30.22 | | 200.05 | 14.34 | |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| | | | | | | | | | |

| SURGERY | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
|------------------------------|--------------------------|---------|-------|---------------------|-------|----------|---------|-----|-------|-----------|------|------------|
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 21 | 139 | | 4,201.15 | | 30.22 | . 4 | 74 | | 200.05 | | 14.34 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .0 | 00 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .0 | 00 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .0 | 00 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 11 | 14 | \$ | 6,533.05 | \$ | 466.65 | .0 | 48 | \$ | 593.91 | \$ | 22.30 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 11 | 14 | | 6,533.05 | | 466.65 | .0 | 48 | | 593.91 | | 22.30 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .0 | 00 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .0 | 00 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .0 | 00 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITU | RES M | IONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 TH | RU | DEC | 2004 | P. | AGE 15,312 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | QMB - | ONLY | | | AID CODE | 80 | | | | | |
| | | | | | | | | - M | IONTE | HLY AVERA | GE · | |

| | | | | MOIN | TIITI VARIVA | GE |
|-------|-------------------|-----------------|---------------------|--|---|--|
| USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| 43 | 7 , 194 \$ | 2,330.58 | \$.32 | 24.553 \$ | 54.20 | \$ 7.95 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | OR DAYS OF CARE | OR DAYS OF CARE 43 | OR DAYS OF CARE PER UNIT/DAY 43 7,194 \$ 2,330.58 \$.32 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 | USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 43 7,194 \$ 2,330.58 \$.32 24.553 \$ 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 | OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 43 7,194 \$ 2,330.58 \$ 32 24.553 \$ 54.20 0 0 .00 .00 .00 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 <td< td=""></td<> |

| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|-----|----------------|------------------|-------------|--------|--------------|--------------|
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 43 | 7,194 | 2,330.58 | .32 | 24.553 | 54.20 | 7.95 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 290 | 7 , 550 | \$ 164,994.13 | \$ 21.85 | 25.768 | \$ 568.95 | \$ 563.12 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,313 FEE-FOR-SERVICE/DENTAL

03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

| SOLANO COUNTI | SUMMARI OF SER | VICES FOR 1336 PROGRAM | | | | | | | | | |
|----------------------------|----------------|------------------------|--------------------|--------------|----------|--------------|----------|--|--|--|--|
| | | | | | | THLY AVERAGE | E | | | | |
| 1,010 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER | | | | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | | | | |
| @TOTAL, ALL PROVIDERS | 624 | 1,965 \$ | 57 , 846.69 | \$ 29.44 | 1.946 \$ | | • | | | | |
| @PHYSICIANS SERVICES | 13 | 17 \$ | 557.92 | \$ 32.82 | .017 \$ | | | | | | |
| OUTPATIENT VISITS | 6 | 6 | 291.35 | 48.56 | .006 | 48.56 | .29 | | | | |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| EMERGENCY ROOM | 6 | 6 | 291.35 | 48.56 | .006 | 48.56 | .29 | | | | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OUTPATIENT SURGERY | 1 | 1 | 92.02 | 92.02 | .001 | 92.02 | .09 | | | | |
| PRINCIPAL SURGEON | 1 | 1 | 92.02 | 92.02 | .001 | 92.02 | .09 | | | | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| PATHOLOGY | 1 | 1 | .70 | .70 | .001 | .70 | .00 | | | | |
| RADIOLOGY | 8 | 9 | 173.85 | 19.32 | .009 | 21.73 | .17 | | | | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| @PHARMACY | 8 | 10 \$ | 254.15 | \$ 25.42 | .010 \$ | | | | | | |
| PRESCRIPTION DRUGS | 8 | 10 | 254.15 | 25.42 | .010 | 31.77 | .25 | | | | |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OUTPATIENTS | 8 | 10 | 254.15 | 25.42 | .010 | 31.77 | .25 | | | | |

| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|---|------------------------------------|---------------------------------------|---------------------------|--|---------------------------|---|--|--------------------|--|-----------|---|
| @DENTIST | 265 | 1,278 | \$ | 32,379.20 | \$ | 25.34 | 1.265 | \$ | 122.19 | \$ | 32.06 |
| VISITS - DIAGNOSTIC | 229 | 887 | | 12,608.45 | | 14.21 | .878 | | 55.06 | | 12.48 |
| ORAL SURGERY | 16 | 24 | | 1,038.75 | | 43.28 | .024 | | 64.92 | | 1.03 |
| DRUGS | 33 | 38 | | 850.00 | | 22.37 | .038 | | 25.76 | | .84 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 32 | 73 | | 5,112.00 | | 70.03 | .072 | | 159.75 | | 5.06 |
| RESTORATIVE DENTISTRY | 86 | 240 | | 12,197.00 | | 50.82 | .238 | | 141.83 | | 12.08 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 3 | 5 | | 573.00 | | 114.60 | .005 | | 191.00 | | .57 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 15 | 11 | | .00 | | .00 | .011 | | .00 | | .00 |
| | | | | | | | | _ | | _ | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDIT | URES MO | ONTH-OF-PAYMENT R | EPOR' | I' FOR JAN 2 | 2004 THRU I | DEC 2 | 004 | Ρ. | AGE 15,314 |
| #CALIF DEPT OF HEALTH SERV MOP024 | MEDI-CAL SERVIC FEE-FOR-SERVICE | | URES MO | ONTH-OF-PAYMENT R | EPOR' | I' FOR JAN 2 | 2004 THRU I | DEC 2 | 004 | Р. | AGE 15,314 03/14/05 |
| | | /DENTAL | | | | i for jan 2 5 72 74 8n | | EC 2 | 004 | Ρ. | |
| MOP024 | FEE-FOR-SERVICE | /DENTAL TICES FOR 133% | PROGRAN | | | | 8P | | 004 Y AVERA | | |
| MOP024 | FEE-FOR-SERVICE | /DENTAL TICES FOR 133% UNITS OF SERVI | PROGRAN CE | | CODES | S 72 74 8N ERAGE COST | 8P MC UNITS/DAYS | NTHL' | Y AVER <i>A</i> ST PER | \GE | 03/14/05 COST PER |
| MOP024 SOLANO COUNTY | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL TICES FOR 133% | PROGRAN CE | 4 AID | CODES | 5 72 74 8N | 8P MC UNITS/DAYS PER ELIG | ONTHL' CO | Y AVERA | \GE | 03/14/05 |
| MOP024 SOLANO COUNTY 1,010 ELIGIBLES @OPTOMETRIST | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL TICES FOR 133% UNITS OF SERVI | PROGRAN CE | AID EXPENDITURES .00 | CODES | S 72 74 8N ERAGE COST R UNIT/DAY .00 | 8P MC UNITS/DAYS PER ELIG .000 | ONTHL' CO | Y AVERA ST PER USER .00 | \GE | 03/14/05 COST PER ELIGIBLE |
| MOP024 SOLANO COUNTY 1,010 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL TICES FOR 133% UNITS OF SERVI | PROGRAN CE | AID EXPENDITURES .00 .00 | CODES | S 72 74 8N ERAGE COST R UNIT/DAY .00 .00 | 8P MC UNITS/DAYS PER ELIG .000 .000 | ONTHL' CO | Y AVERA ST PER USER .00 | \GE | 03/14/05 COST PER ELIGIBLE .00 .00 |
| MOP024 SOLANO COUNTY 1,010 ELIGIBLES @OPTOMETRIST | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL TICES FOR 133% UNITS OF SERVI | PROGRAN CE | AID EXPENDITURES .00 .00 .00 | CODES | S 72 74 8N ERAGE COST R UNIT/DAY .00 .00 | 8P MC UNITS/DAYS PER ELIG .000 | ONTHL' CO | Y AVERA ST PER USER .00 .00 | \GE | 03/14/05 COST PER ELIGIBLE .00 .00 |
| MOP024 SOLANO COUNTY 1,010 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL TICES FOR 133% UNITS OF SERVI | PROGRAM CE RE \$ | AID EXPENDITURES .00 .00 .00 .00 | CODES AVI PEI \$ | 5 72 74 8N ERAGE COST R UNIT/DAY .00 .00 .00 | 8P MC UNITS/DAYS PER ELIG .000 .000 .000 | ONTHL' CO | Y AVERAST PER USER .00 .00 .00 | AGE \$ | 03/14/05 COST PER ELIGIBLE .00 .00 .00 |
| MOP024 SOLANO COUNTY 1,010 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL TICES FOR 133% UNITS OF SERVI | PROGRAN CE | AID EXPENDITURES .00 .00 .00 | CODES | S 72 74 8N ERAGE COST R UNIT/DAY .00 .00 | 8P MC UNITS/DAYS PER ELIG .000 .000 | ONTHL' CO | Y AVERA ST PER USER .00 .00 | AGE \$ | 03/14/05 COST PER ELIGIBLE .00 .00 |
| MOP024 SOLANO COUNTY 1,010 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL TICES FOR 133% UNITS OF SERVI | PROGRAM CE RE \$ | AID EXPENDITURES .00 .00 .00 .00 .00 .00 .00 | CODES AVI PEI \$ | S 72 74 8N ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 | 8P MC UNITS/DAYS PER ELIG .000 .000 .000 .000 | ONTHL'S COS | Y AVERA ST PER USER .00 .00 .00 .00 | AGE \$ | 03/14/05 |
| MOP024 SOLANO COUNTY 1,010 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL TICES FOR 133% UNITS OF SERVI | PROGRAM CE RE \$ | AID EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 | CODES AVI PEI \$ | S 72 74 8N ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 | 8P MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 | ONTHL'S COS | Y AVERA ST PER USER .00 .00 .00 .00 .00 | AGE \$ | 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 1,010 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL TICES FOR 133% UNITS OF SERVI | PROGRAM CE RE \$ | AID EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 | CODES AVI PEI \$ | S 72 74 8N ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 | 8P MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 | ONTHL'S COS | Y AVERA ST PER USER .00 .00 .00 .00 .00 | AGE \$ | 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 |
| MOP024 SOLANO COUNTY 1,010 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES | FEE-FOR-SERVICE SUMMARY OF SERV | /DENTAL TICES FOR 133% UNITS OF SERVI | PROGRAM CE RE \$ | AID EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 | CODES AVI PEI \$ | S 72 74 8N ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 | 8P MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 | ONTHL CO: \$ | Y AVERA ST PER USER .00 .00 .00 .00 .00 | AGE \$ | 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 |

| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------|-----------------|---------------------------|-----------------|----------------|--------------|------------|-------------|
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| @TOTAL HOSPITAL | 13 | 31 \$ | 978.22 | \$ 31.56 | .031 \$ | | |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 13 | 31 | 978.22 | 31.56 | .031 | 75.25 | .97 |
| MEDICAL | 2 | 2 | 25.32 | 12.66 | .002 | 12.66 | .03 |
| SURGERY | 2 | 2 | 38.85 | 19.43 | .002 | 19.43 | .04 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 5 | 5 | 286.40 | 57.28 | .005 | 57.28 | .28 |
| ROOM USE | 10 | 11 | 436.65 | 39.70 | .011 | 43.67 | .43 |
| CROSSOVERS/ALL OTH OUTPTNT | 7 | 11 | 191.00 | 17.36 | .011 | 27.29 | .19 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITURES MON' | TH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 15,315 |
| MOP024 | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | VICES FOR 133% PROGRAM | AID | CODES 72 74 81 | 1 8P | | |
| | | | | | MON | THLY AVERA | GE |
| 1,010 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | r units/days | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 13 | 31 \$ | 978.22 | \$ 31.56 | .031 \$ | | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| NOTILABITS | ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | . (| 000 | | .00 | | .00 |
|--|------------------------------|------------------|----------------|----------|-------------------------|----------|-----------|---------|-----|----------|-----------|----------|----------|
| INDATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | | 0 | - | | | | | | | | | | |
| COMM HOSE OUTPATIENT TOTAL | | 0 | 0 | | | | | | | | | | |
| MRRICATI | ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | . (| 000 | | .00 | | .00 |
| SUBSERY 2 2 2 38.85 19.43 .002 19.43 .04 PATHOLOGY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 | COMM HOSP OUTPATIENT TOTAL | 13 | 31 | | 978.22 | | 31.56 | . (| 31 | | 75.25 | | .97 |
| PARTHOLOGY | MEDICAL | 2 | 2 | | 25.32 | | 12.66 | . (| 002 | | 12.66 | | .03 |
| RADIOLOGY 5 5 5 286.40 57.28 .005 57.29 .28 ROOM USE ROOM USE 10 11 43.66 39.70 .011 43.67 .43 ROOM USE 10 11 191.00 17.36 .011 27.29 .19 ROOM USE ALL PROPERTY TO 10 5 .00 .00 .00 .00 5 .00 5 .00 MEMBERS ALL PROPERTY TO 10 5 .00 .00 .00 .00 5 .00 5 .00 MEMBERS ALL PROPERTY TO 10 5 .00 .00 .00 .00 .00 5 .00 5 .00 MEMBERS ALL PROPERTY TO 10 5 .00 .00 .00 .00 .00 .00 .00 .00 .00 | SURGERY | 2 | 2 | | | | | . (| 002 | | | | |
| ROOM USE | PATHOLOGY | 0 | 0 | | | | | . (| 000 | | | | |
| CROSSOVERS/ALL OTH OUTPYPNY | RADIOLOGY | | | | | | | | | | | | |
| ### STATE HOSPITAL | | | | | | | | | | | | | |
| MEMPRALLY ILL | | , | | | | | | | | | | | |
| DEVELOP. DISABLED | | 0 | | \$ | | \$ | | | | \$ | | \$ | |
| RENURSING FACILITY 0 0 0 \$.00 \$.00 .00 .00 .00 .00 .00 .0 | | 0 | • | | | | | | | | | | |
| LEV A-INTERMEDIATE | | 0 | | • | | <u> </u> | | | | <u> </u> | | <u> </u> | |
| LEV B-REHAB MD | | 0 | - | Ş | | Ş | | | | Ş | | Ş | |
| LEV B-SUBACUTE FREETANDING | | 0 | 0 | | | | | | | | | | |
| LEV B-SUBACUTE HSPTL BASED | | 0 | 0 | | | | | | | | | | |
| LEVE N-REGILAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | - | | | | | | | | | | |
| LEV B-REGULAR 0 | | 0 | 0 | | | | | | | | | | |
| SINTERMEDIATE CARE FACILDD | | 0 | 0 | | | | | | | | | | |
| TOP DB | | 0 | - | Ġ | | Ġ | | | | Ś | | Ś | |
| ICF DDN/DDCN | | 0 | 0 | Y | | Y | | | | Y | | Y | |
| ICF DDN/DDCN | | 0 | 0 | | | | | | | | | | |
| ### BASED | | 0 | - | | | | | | | | | | |
| HOSPITAL BASED | | 0 | 0 | Ś | | \$ | | | | Ś | | Ś | |
| HEMODIALYSIS CENTER | • | Ō | 0 | ' | | | | | | | | | |
| REHBABLITATION FACILITY | HEMODIALYSIS CENTER | 0 | 0 | | | | .00 | | | | | | .00 |
| INDEPENDENT FACILITY | @REHABILITATION FACILITY | 0 | 0 | \$ | | \$ | .00 | . (| 000 | \$ | .00 | \$ | .00 |
| Read Control Read | HOSPITAL BASED | 0 | 0 | | .00 | | .00 | . (| 000 | | .00 | | .00 |
| PATHOLOGY | INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | . (| 000 | | .00 | | .00 |
| XO AND OTHERS | @LABORATORY FACILITY | 7 | 8 | \$ | 88.94 | \$ | 11.12 | . (| 800 | \$ | 12.71 | \$ | .09 |
| QORGANIZED OUTPATIENT CLINIC 253 379 \$ 20,617.03 \$ 54.40 .375 \$ 81.49 \$ 20.41 | PATHOLOGY | 7 | | | | | | . (| 800 | | | | .09 |
| CLINIC 3 | | 0 | | | | | | | | | | | |
| SURGICENTER 0 | @ORGANIZED OUTPATIENT CLINIC | | | \$ | | \$ | | | | \$ | | \$ | |
| HEROIN DETOX CLINIC RURAL HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL SOLANO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM RUSERS RUNITS OF SERVICE RURAL SERVICES RUNITS OF SERVICE RURAL SERVICES RURAL SERVICES RURAL SERVICES RURAL SERVICES RURAL SERVICES RURAL SERVICE SOLANO COUNTY RUBLES RUSERS RURAL SERVICES RURAL SERVICES RURAL SERVICES RURAL SERVICE RURAL SERVICES RURAL SERVICE RURAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 RUBICAL TRANSPORTATION RURAL SERVICES RURAL SERVICES RURAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 RUBICAL TRANSPORTATION RUBICAL TRA | | 3 | | | | | | | | | | | |
| RURAL HEALTH CLINIC | | 0 | - | | | | | | | | | | |
| #CALIF DEPT OF HEALTH SERV MODEL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 03/14/05 0 | | | • | | | | | | | | | | |
| MOP024 SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P MONTHLY AVERAGE MONTHLY AVERAGE | | | | | • | | | | | 550 | | | |
| SOLANO COUNTY | | | | URES MOR | NTH-OF-PAYMENT I | REPORT | FOR JAN | 2004 Ti | iKU | DEC | 2004 | PF | |
| 1,010 ELIGIBLES USERS | | | | DDOCDAM | 7 T D | CODEC | 72 74 ON | 0 D | | | | | 03/14/05 |
| 1,010 ELIGIBLES | SOLANO COUNTI | SUMMARI OF SERVI | .CL3 FUR 133% | FROGRAM | AID | CODES | 72 74 ON | | - N | ONTE | HIY AVERA | GE | |
| CR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE CALL OTHER PROVIDERS 73 242 \$ 2,971.23 \$ 12.28 .240 \$ 40.70 \$ 2.94 DURABLE MED. EQUIP. 0 0 .00 | 1.010 ELIGIBLES | USERS | UNITS OF SERVI | CE | EXPENDITURES | AVE | RAGE COST | | | | | - | |
| @ALL OTHER PROVIDERS 73 242 \$ 2,971.23 \$ 12.28 .240 \$ 40.70 \$ 2.94 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .000 .000 .00 <td>1,010 221012220</td> <td>00210</td> <td></td> <td></td> <td>2111 211 21 1 0 1 1 2 0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | 1,010 221012220 | 00210 | | | 2111 211 21 1 0 1 1 2 0 | | | | | | | | |
| DURABLE MED. EQUIP. 0 0 .00 | @ALL OTHER PROVIDERS | 73 | 242 | \$ | 2,971.23 | | | | | | | | |
| BLOOD BANK 0 0 .00 .15 .00< | | 0 | | | | | | | | | | | .00 |
| MEDICAL TRANSPORTATION 1 6 154.80 25.80 .006 154.80 .15 AMBULANCES/AIR TRANS 1 6 154.80 25.80 .006 154.80 .15 OTHER TRANS 0 0 .00 .00 .00 .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 .00 | | 0 | 0 | | | | | | | | | | |
| AMBULANCES/AIR TRANS 1 6 154.80 25.80 .006 154.80 .15 OTHER TRANS 0 0 .00 .00 .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 | HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | . (| 000 | | .00 | | .00 |
| OTHER TRANS 0 0 .00 .00 .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 | MEDICAL TRANSPORTATION | 1 | 6 | | 154.80 | | 25.80 | . (| 06 | | 154.80 | | .15 |
| OTHER SERVICES 0 0 .00 .00 .00 .00 .00 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 .00 | AMBULANCES/AIR TRANS | 1 | 6 | | 154.80 | | | | | | 154.80 | | |
| ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 | | 0 | 0 | | | | | | | | | | |
| | | 0 | 0 | | | | | | | | | | |
| ADULT DAY HEALTH CARE CTR () () OO OO OO OO OO OO OO | | 0 | 0 | | | | | | | | | | |
| | ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | | | | .00 | | .00 |
| GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00 .00 .00 | GENETIC DISEASE TESTING | U | 0 | | .00 | | .00 | . (| 000 | | .00 | | .00 |
| | | | | | | | | | | | | | |

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|----|-----|-----------|-----------|------|-----------|-----------|
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 8 | 16 | 126.61 | 7.91 | .016 | 15.83 | .13 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 64 | 220 | 2,689.82 | 12.23 | .218 | 42.03 | 2.66 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,317
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----1,118 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 883 3,535 71,893.64 \$ 20.34 3.162 \$ 81.42 \$ 64.31 @PHYSICIANS SERVICES 8 12 431.86 35.99 .011 \$ 53.98 \$.39 5 5 280.23 56.05 OUTPATIENT VISITS 56.05 .004 .25 75.17 75.17 OFFICE VISITS 75.17 .001 .07 .00 HOME VISITS .00 .000 .00 .00 205.06 EMERGENCY ROOM 51.27 .004 51.27 .18 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 CRITICAL CARE .00 .000 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .00 .000 .00 .00 .00 .00 OUTPATIENT SURGERY .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .000 .00 .00 DIALYSIS 2.59 PATHOLOGY 1.30 .002 2.59 .00 149.04 RADIOLOGY 29.81 .004 49.68 .13 PSYCHIATRY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|-------------------------|---------|----------|------------------|-------|------------|-----------|-----|--------|----|------------|
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 26 | 38 | \$ | 5,119.59 | \$ | 134.73 | .034 | \$ | 196.91 | \$ | 4.58 |
| PRESCRIPTION DRUGS | 25 | 36 | | 5,111.55 | | 141.99 | .032 | | 204.46 | | 4.57 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 25 | 36 | | 5,111.55 | | 141.99 | .032 | | 204.46 | | 4.57 |
| MEDICAL SUPPLIES | 1 | 2 | | 8.04 | | 4.02 | .002 | | 8.04 | | .01 |
| @DENTIST | 423 | 2,308 | \$ | 46,997.14 | \$ | 20.36 | 2.064 | \$ | 111.10 | \$ | 42.04 |
| VISITS - DIAGNOSTIC | 342 | 1,852 | | 25,333.35 | | 13.68 | 1.657 | | 74.07 | | 22.66 |
| ORAL SURGERY | 39 | 60 | | 3,131.00 | | 52.18 | .054 | | 80.28 | | 2.80 |
| DRUGS | 13 | 14 | | 325.00 | | 23.21 | .013 | | 25.00 | | .29 |
| ANESTHESIA | 2 | 2 | | 200.00 | | 100.00 | .002 | | 100.00 | | .18 |
| PERIODONTICS | 1 | 1 | | 55.00 | | 55.00 | .001 | | 55.00 | | .05 |
| ENDODONTICS | 15 | 22 | | 1,595.95 | | 72.54 | .020 | | 106.40 | | 1.43 |
| RESTORATIVE DENTISTRY | 136 | 324 | | 13,605.84 | | 41.99 | .290 | | 100.04 | | 12.17 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 6 | 6 | | 791.00 | | 131.83 | .005 | | 131.83 | | .71 |
| MAXILLOFACIAL SERVICES | 1 | 1 | | 50.00 | | 50.00 | .001 | | 50.00 | | .04 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 24 | 26 | | 1,835.00 | | 70.58 | .023 | | 76.46 | | 1.64 |
| ALL OTHER SERVICES | 7 | 0 | | 75.00 | | .00 | .000 | | 10.71 | | .07 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDIT | URES MON | TH-OF-PAYMENT RE | EPORI | FOR JAN | 2004 THRU | DEC | 2004 | PA | AGE 15,318 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | 100% | PROGRAM | AID C | CODES | 5 7A 7C 8E | R 8T | | | | |

----- MONTHLY AVERAGE -----1,118 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .00 @OPTOMETRIST 0 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 .00 .000 \$.00 \$ @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00 \$ 0 NURSE MIDWIFE .00 .00 .000 \$.00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 FAMILY NURSE PRACTITIONER 0 0 .00 \$.00 .000 \$.00 .00 2,317.77 @TOTAL HOSPITAL 26.95 .077 \$ 144.86 \$ 2.07 HOSP INPATIENT TOTAL .00 .00 .00 .00 .000 0 .00 HSC HOSPITALS .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00

| HOSP OUTPATIENT TOTAL | 16 | | 86 | | 2,317.77 | | 26.95 | .077 | | 144.86 | | 2.07 |
|-----------------------------|------------------|------------|----------|--------|------------------|-------|-----------|-----------|-----|-----------|------|------------|
| MEDICAL | 3 | | 4 | | 76.51 | | 19.13 | .004 | | 25.50 | | .07 |
| SURGERY | 1 | | 1 | | 17.21 | | 17.21 | .001 | | 17.21 | | .02 |
| PATHOLOGY | 7 | | 30 | | 293.10 | | 9.77 | .027 | | 41.87 | | .26 |
| RADIOLOGY | 5 | | 9 | | 760.62 | | 84.51 | .008 | | 152.12 | | .68 |
| ROOM USE | 12 | | 16 | | 589.90 | | 36.87 | .014 | | 49.16 | | .53 |
| CROSSOVERS/ALL OTH OUTPTNT | 9 | | 26 | | 580.43 | | 22.32 | .023 | | 64.49 | | .52 |
| @COUNTY HOSPITAL TOTAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | - | NDITUR | ES MON | TH-OF-PAYMENT RI | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | PF | AGE 15,319 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR 1 | .00% PR0 | OGRAM | AID | CODES | 7A 7C 8R | 8T | | | | |
| | | | | | | | | M | ONT | HLY AVERA | GE - | |
| 1,118 ELIGIBLES | USERS | UNITS OF S | | | EXPENDITURES | | | UNITS/DAY | _ | COST PER | | COST PER |
| | | OR DAYS O | | | | | | PER ELIG | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 16 | | 86 | \$ | 2,317.77 | \$ | 26.95 | .077 | \$ | 144.86 | \$ | 2.07 |

| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------|------------------|----------|-----------------------------------|--------|------------|------|-------|-----------|-----|------------|
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 16 | 86 | | 2,317.77 | | 26.95 | .077 | | 144.86 | | 2.07 |
| MEDICAL | 3 | 4 | | 76.51 | | 19.13 | .004 | | 25.50 | | .07 |
| SURGERY | 1 | 1 | | 17.21 | | 17.21 | .001 | | 17.21 | | .02 |
| PATHOLOGY | 7 | 30 | | 293.10 | | 9.77 | .027 | | 41.87 | | .26 |
| | 5 | 9 | | 760.62 | | 84.51 | .008 | | 152.12 | | .68 |
| RADIOLOGY | 12 | 16 | | 589.90 | | 36.87 | | | 49.16 | | .53 |
| ROOM USE | | | | | | | .014 | | | | |
| CROSSOVERS/ALL OTH OUTPINT | 9 | 26 | ć | 580.43 | Ċ | 22.32 | .023 | Ċ | 64.49 | Ċ | .52 |
| @STATE HOSPITAL | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ş | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ş | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 4 | 12 | \$ | 127.22 | \$ | 10.60 | .011 | \$ | 31.81 | \$ | .11 |
| PATHOLOGY | 4 | 12 | | 127.22 | | 10.60 | .011 | | 31.81 | | .11 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 68 | 78 | \$ | 5,408.07 | \$ | 69.33 | .070 | \$ | 79.53 | \$ | 4.84 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 68 | 78 | | 5,408.07 | | 69.33 | .070 | | 79.53 | | 4.84 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | | RES MO | NTH-OF-PAYMENT F | REPORT | | | DEC | | P. | AGE 15,320 |
| MOP024 | FEE-FOR-SERVICE | | 1100 110 | 01 111111111111111111111111111111 | 01(1 | 1011 01111 | | 220 | 2001 | | 03/14/05 |
| SOLANO COUNTY | | ICES FOR 100% F | ROGRAM | O T A | CODES | 7A 7C 8R | 8Т | | | | 00, 11, 00 |
| BOLING COUNT | SOIMMING OF SERV | 1020 1010 1000 1 | 11001411 | | CODED | 711 70 010 | | иОИТ: | HLY AVERA | GE. | |
| 1,118 ELIGIBLES | USERS | UNITS OF SERVIC | E. | EXPENDITURES | AVE | RAGE COST | | | | | COST PER |
| 1,110 111011110 | OBERG | OR DAYS OF CAR | | | | UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 351 | 1,001 | .Ľ \$ | 11,491.99 | \$ | 11.48 | .895 | | 32.74 | | 10.28 |
| DURABLE MED. EQUIP. | 0 | 0 | т | .00 | ~ | .00 | .000 | ~ | .00 | ~ | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEDICAL INVISIONITATION | U | U | | .00 | | .00 | .000 | | .00 | | .00 |

| AMBULANCES/AIR TRANS | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
|--------------------------------|-----|-----|-----------|------|----|------|--------|----|------|
| OTHER TRANS | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 2 | 2 | 210.00 | 105. | 00 | .002 | 105.00 | | .19 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| OPTICIAN | 60 | 127 | 1,041.62 | 8. | 20 | .114 | 17.36 | | .93 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| ORTHOTICS | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 291 | 872 | 10,240.37 | 11. | 74 | .780 | 35.19 | 9 | 9.16 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | | 00 | .000 | .00 | | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$. | 00 | .000 | \$.00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$. | 00 | .000 | \$.00 | \$ | .00 |
| | | | | | | | | | |

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,321
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

| | | | | | MC | ONTHLY AVERA | GE | |
|----------------------------|-------|------------------|---------------------------|--------------|------------|--------------|-------|------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | S COST PER | COST | PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIG: | IBLE |
| @TOTAL, ALL PROVIDERS | 4,092 | 23 , 546 | \$ 750 , 896.98 | \$ 31.89 | .000 | \$ 183.50 | \$ | .00 |
| @PHYSICIANS SERVICES | 385 | 528 | \$ 23,969.11 | \$ 45.40 | .000 | \$ 62.26 | \$ | .00 |
| OUTPATIENT VISITS | 84 | 147 | 7 , 755.54 | 52.76 | .000 | 92.33 | | .00 |
| OFFICE VISITS | 18 | 21 | 330.48 | 15.74 | .000 | 18.36 | | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 68 | 126 | 7,425.06 | 58.93 | .000 | 109.19 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 3 | 5 | 450.07 | 90.01 | .000 | 150.02 | | .00 |
| PRINCIPAL SURGEON | 2 | 2 | 337.30 | 168.65 | .000 | 168.65 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 3 | 112.77 | 37.59 | .000 | 112.77 | | .00 |
| OUTPATIENT SURGERY | 19 | 38 | 1,842.20 | 48.48 | .000 | 96.96 | | .00 |
| PRINCIPAL SURGEON | 15 | 25 | 1,360.92 | 54.44 | .000 | 90.73 | | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|-------------------------|-----------|-------|---------------------|-------|-----------|-----------|--------|--------|-----|------------|
| ANESTHESIOLOGIST | 5 | 13 | | 481.28 | | 37.02 | .000 | | 96.26 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 25 | 27 | | 76.86 | | 2.85 | .000 | | 3.07 | | .00 |
| RADIOLOGY | 284 | 308 | | 13,826.44 | | 44.89 | .000 | | 48.68 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 2 | 3 | | 18.00 | | 6.00 | .000 | | 9.00 | | .00 |
| @PHARMACY | 332 | 449 | \$ | 10,396.36 | \$ | 23.15 | .000 | \$ | 31.31 | \$ | .00 |
| PRESCRIPTION DRUGS | 319 | 422 | | 8,692.50 | | 20.60 | .000 | | 27.25 | | .00 |
| SNF/ICF | 1 | 1 | | 68.46 | | 68.46 | .000 | | 68.46 | | .00 |
| OUTPATIENTS | 318 | 421 | | 8,624.04 | | 20.48 | .000 | | 27.12 | | .00 |
| MEDICAL SUPPLIES | 14 | 27 | | 1,703.86 | | 63.11 | .000 | | 121.70 | | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDITU: | RES M | IONTH-OF-PAYMENT RI | EPOR' | r for Jan | 2004 THRU | DEC 20 | 004 | P.F | AGE 15,322 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES FOR | PRESUM | PTIVE | : ELIGIBILITY-PREGI | NANT | AID CODES | 3 7F 7G | | | | |

| | | | | | | | M | INC | HLY AVERA | GΕ | |
|------------------------------|-------|------------------|----|---------------------|-----|------------|-----------|-----|-----------|----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE |] | | PEF | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 1 | 3 | \$ | 75.29 | \$ | 25.10 | .000 | \$ | 75.29 | \$ | .00 |
| NURSE MIDWIFE | 1 | 5 | \$ | 375.55 | \$ | 75.11 | .000 | \$ | 375.55 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 2,049 | 13,843 | \$ | 405 , 135.96 | \$ | 29.27 | .000 | \$ | 197.72 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|-----------------|------------------------|----------------------------|----------------------|----------------|----------------|-------------|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | .00 | |
| ANCILLARIES | U | | .00 | .00 | .000 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2,049 | 13,843 | 405,135.96 | 29.27 | .000 | 197.72 | .00 |
| MEDICAL | 39 | 39 | 1,287.42 | 33.01 | .000 | 33.01 | .00 |
| SURGERY | 9 | 16 | 453.19 | 28.32 | .000 | 50.35 | .00 |
| PATHOLOGY | 390 | 416 | 2,973.31 | 7.15 | .000 | 7.62 | .00 |
| | 237 | 247 | | | | | |
| RADIOLOGY | | | 18,394.09 | 74.47 | .000 | 77.61 | .00 |
| ROOM USE | 1,153 | 1 , 555 | 52 , 780.86 | 33.94 | .000 | 45.78 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,852 | 11 , 570 | 329,247.09 | 28.46 | .000 | 177.78 | .00 |
| @COUNTY HOSPITAL TOTAL | 1 | 6 \$ | 245.08 | \$ 40.85 | .000 \$ | 245.08 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| ADMINISTRATIVE DAYS | U | U | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 6 | 245.08 | 40.85 | .000 | 245.08 | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | |
| | U | 0 | .00 | | .000 | | .00 |
| SURGERY | 1 | 1 | 54.92 | 54.92 | .000 | 54.92 | .00 |
| PATHOLOGY | 1 | 2 | 106.12 | 53.06 | .000 | 106.12 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 2 | 74.62 | 37.31 | .000 | 74.62 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 1 | 9.42 | 9.42 | .000 | 9.42 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES MO | NTH-OF-PAYMENT RE | EPORT FOR JAN 2 | | | PAGE 15,323 |
| MOP024 | FEE-FOR-SERVICE | | 01 1111111111 111 | 22 0111 2 011 0111 2 | 001 111110 220 | 2001 | 03/14/05 |
| SOLANO COUNTY | | ICES FOR PRESUMPTIVE | FT TCTBTT TTV_DDFCN | TANT ATD CODES | 7F 7C | | 03/11/03 |
| SOLANO COUNTI | SUMMART OF SERV | ICES FOR FRESOMETIVE | ELIGIBILIII FREGR | MANI AID CODES | | III V 7.777777 | GE |
| 00 81 1618186 | Hanna | INITES OF SERVICE | | ALTERACE COOR | MONT | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,048 | 13 , 837 \$ | 404,890.88 | \$ 29.26 | .000 \$ | 197.70 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | | .000 | | .00 |
| ALL OTHER ACCOM | 0 | Ü | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,048 | 13,837 | 404,890.88 | 29.26 | .000 | 197.70 | .00 |
| MEDICAL | 39 | 39 | 1,287.42 | 33.01 | .000 | 33.01 | .00 |
| SURGERY | 8 | 15 | 398.27 | 26.55 | .000 | 49.78 | .00 |
| | | | | | | | |
| PATHOLOGY | 389 | 414 | 2,867.19 | 6.93 | .000 | 7.37 | .00 |
| RADIOLOGY | 237 | 247 | 18,394.09 | 74.47 | .000 | 77.61 | .00 |
| ROOM USE | 1,152 | 1,553 | 52 , 706.24 | 33.94 | .000 | 45.75 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | 44 = 66 | | 00 10 | 0.00 | 177 07 | 0.0 |
| | 1,851 | 11 , 569 | 329 , 237.67 | 28.46 | .000 | 177.87 | .00 |
| @STATE HOSPITAL | 1,851 0 | 11,569 0 \$ | 329 , 237.67 .00 | \$.00 | .000 \$ | .00 | |

| MENTALLY ILL | 0 | Λ | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------|------------------|--------|---------------------|-------|--------------|-----------|-----|-----------|-----|-----------|
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | Ů | \$ | .00 | Ś | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | Ψ | .00 | ~ | .00 | .000 | ٧ | .00 | ۲ | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | Ů | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | Ś | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | - | .00 | - | .00 | .000 | 7 | .00 | 4 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | • | .00 | · | .00 |
| HEMODIALYSIS CENTER | 0 | Ō | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | Ō | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 1,749 | 4,218 | \$ | 94,173.37 | \$ | 22.33 | .000 | \$ | 53.84 | \$ | .00 |
| PATHOLOGY | 1,749 | 4,218 | | 94,173.37 | | 22.33 | .000 | | 53.84 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 686 | 4,215 | \$ | 186,846.34 | \$ | 44.33 | .000 | \$ | 272.37 | \$ | .00 |
| CLINIC | 523 | 3,923 | | 155,177.42 | | 39.56 | .000 | | 296.71 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 164 | 292 | | 31,668.92 | | 108.46 | .000 | | 193.10 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | - | JRES M | IONTH-OF-PAYMENT RI | EPOR' | T FOR JAN 20 | 004 THRU | DEC | 2004 | PAC | GE 15,324 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVI | ICES FOR PRESUM | MPTIVE | E ELIGIBILITY-PREGI | NANT | AID CODES 7 | 7F 7G | | | | |
| | | | | | | - | | | HLY AVERA | - | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | CE | EXPENDITURES | AV: | ERAGE COST (| JNITS/DAY | S | COST PER | CC | OST PER |

| | 0 | R DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|----------------------------------|--------------------|-----------------------|-----------|--------------|----------|-----------|----------|
| @ALL OTHER PROVIDERS | 284 | 285 \$ | 29,925.00 | \$ 105.00 | .000 \$ | 105.37 \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 284 | 285 | 29,925.00 | 105.00 | .000 | 105.37 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| A* MOMATO IN MURCE TIMES ARE CIT | TENT AC A CEDADAME | TNEODMARTON TREM ONLY | 7. | | | | |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,325 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

| SOLIMIO COUNTI | SOUTHWILL OF SELV | TCES FOR | MEDI CE | י ער | TODEICOTOSIS FILOGIAM | AID | CODE | / 11 | | | | |
|---------------------------|-------------------|----------|---------|------|-----------------------|----------|-------|------------|------|-----------|----|----------|
| | | | | | | | | MO | ITNC | HLY AVERA | GΕ | |
| 261 ELIGIBLES | USERS | UNITS OF | SERVICE | C | EXPENDITURES | AVERAGE | COST | UNITS/DAYS | S (| COST PER | | COST PER |
| | | OR DAYS | OF CARE | C | | PER UNIT | T/DAY | PER ELIG | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 41 | | 158 | \$ | 10,554.17 | \$ 66. | . 80 | .605 | \$ | 257.42 | \$ | 40.44 |
| @PHYSICIANS SERVICES | 0 | | 0 | \$ | .00 | \$. | .00 | .000 | \$ | .00 | \$ | .00 |
| OUTPATIENT VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OFFICE VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOME VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INPATIENT HOSPITAL SURGERY | O | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|---|---------------------|---------------|-------|-----------------------|----------|-----------|------------|------|--------------|-----|------------|
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | Ô | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 39 | 135 | \$ | 10,140.22 | \$ | 75.11 | .517 | \$ | 260.01 | \$ | 38.85 |
| PRESCRIPTION DRUGS | 38 | 133 | | 10,058.24 | | 75.63 | .510 | | 264.69 | | 38.54 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 38 | 133 | | 10,058.24 | | 75.63 | .510 | | 264.69 | | 38.54 |
| MEDICAL SUPPLIES | 1 | 2 | | 81.98 | | 40.99 | .008 | | 81.98 | | .31 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | Ś | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | Y | .00 | Y | .00 | .000 | Y | .00 | ٧ | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY | 0 | - | | | | | | | | | |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | Ô | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ŭ | FC N | | ים חסי | | | חשר | | D | AGE 15,326 |
| MOP024 | FEE-FOR-SERVICE/DEN | | CEO I | TONIII OF TAIMENT NE | 11 01(1 | FOR OAN 2 | 2004 11110 | טאכ | 2004 | 1. | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES | | т т | IDEDCIII OCIC DDOCDAN | п | AID CODE | 711 | | | | 03/14/03 |
| SOLANO COUNTI | SUMMARI OF SERVICES | FOR MEDI-CA | т т | DERCULUSIS PROGRAM | 1 | AID CODE | /п М | ONIT | III V ATTEDA | CE. | |
| 261 BLIGIDIES | HCEDC INT | mc of centice | | EXPENDIBLEC | 7. 7. 7. | DACE COCH | | | | - | |
| 261 ELIGIBLES | | TS OF SERVICE | | EXPENDITURES | | | UNITS/DAY | | COST PER | | COST PER |
| 0.0000000000000000000000000000000000000 | | DAYS OF CARE | | 0.0 | | - , | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

0

\$ \$ \$ \$

0 0 0

SURGERY/ANES.

OTHER

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000 \$

.000 \$

.000 \$

.000 \$

.00

.00

.00

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00 \$

| | _ | | | | | | |
|-----------------------------|-----------------|----------------------|---------------------|-----------------|--------------|--------|-------------|
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| @TOTAL HOSPITAL | 1 | 2 \$ | 11.58 | \$ 5.79 | .008 \$ | | |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | Ô | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| INPATIENT CROSSOVERS | U | U | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 1 | 2 | 11.58 | 5.79 | .008 | 11.58 | .04 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | 11.58 | 5.79 | .008 | 11.58 | .04 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | | | | |
| ACCOMMODATIONS | U | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | U | U | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | | | .00 | .00 | .000 | .00 | |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITURES | MONTH-OF-PAYMENT RE | SPORT FOR JAN . | 2004 THRU DE | C 2004 | PAGE 15,327 |
| MOP024 | FEE-FOR-SERVICE | | | | = | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | /ICES FOR MEDI-CAL T | UBERCULOSIS PROGRAM | AID CODE | | | |
| | | | | | MON | | |
| 261 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 1 | 2 \$ | 11.58 | \$ 5.79 | .008 \$ | 11.58 | \$.04 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | ñ | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| INPATIENT CROSSOVERS | U | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | U | U | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 2 | 11.58 | 5.79 | .008 | 11.58 | .04 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| SURGERY | 0 | 0 | | .00 | | .00 | .00 | С | .00 | | .00 |
|--------------------------------|------------------|---------------------------------------|----------|--------------------|----------|-----------|----------|------|------------|----------|------------|
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .00 | С | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .00 |) | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 2 | | 11.58 | | 5.79 | .00 | | 11.58 | | .04 |
| @STATE HOSPITAL | 0 | | \$ | .00 | Ś | .00 | |) \$ | | \$ | .00 |
| | 0 | • | ې | | ې | | | | | ې | |
| MENTALLY ILL | U | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| DEVELOP. DISABLED | Ü | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| @NURSING FACILITY | 0 | | \$ | .00 | \$ | .00 | .00 | | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .00 | С | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .00 | С | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .00 | С | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .00 | С | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| LEV B-REGULAR | 0 | Õ | | .00 | | .00 | .00 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | | \$ | .00 | Ś | .00 | .00 | | .00 | \$ | .00 |
| | 0 | • | Ą | | Ą | | | | | Ş | |
| ICF DDH | U | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .00 | Э | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .00 |) \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .00 | С | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .00 |) | .00 | | .00 |
| @REHABILITATION FACILITY | Ô | | \$ | .00 | Ś | .00 | .00 | | .00 | Ś | .00 |
| HOSPITAL BASED | 0 | 0 | ۲ | .00 | Ψ | .00 | .00 | | .00 | ۲ | .00 |
| | 0 | 0 | | | | | | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | | <u>^</u> | .00 | <u> </u> | .00 | .00 | | | <u> </u> | |
| @LABORATORY FACILITY | U | | \$ | .00 | \$ | .00 | .00 | | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .00 | С | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2 | 21 | \$ | 402.37 | \$ | 19.16 | .08 |) \$ | 201.19 | \$ | 1.54 |
| CLINIC | 2 | 21 | | 399.46 | | 19.02 | .08 | С | 199.73 | | 1.53 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | 2.91 | | .00 | .00 | | .00 | | .01 |
| | • | | 0 1/4 | | | | | | | Ъ | |
| #CALIF DEPT OF HEALTH SERV | | | S M | ONTH-OF-PAYMENT RE | PORT | FOR JAN 2 | 2004 THR | J DE | C 2004 | Ρ. | AGE 15,328 |
| MOP024 | FEE-FOR-SERVICE/ | | | | | | _ | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVI | CES FOR MEDI-CAL | TUl | BERCULOSIS PROGRAM | | AID CODE | 7н | | | | |
| | | | | | | | | | THLY AVERA | | |
| 261 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/D | AYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER | UNIT/DAY | PER EL | IG | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$ | .00 | \$ | .00 | .00 |) \$ | .00 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | • | .00 | .00 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| MEDICAL TRANSPORTATION | U | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .00 | С | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .00 | С | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| OPTICIAN | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | | .00 | .00 | | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | | .00 | .00 | C | .00 | | .00 |
| | | | | | | | | | | | |

| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|---------------------------------------|------------|------------------------|-------|------------|------|-------------|-----------|
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 1 | 2 \$ | 11.58 | \$ 5.79 | .008 | \$ 11.58 | \$.04 |
| A* TOTALS IN THESE ITNES ARE CIVEN AS | 7 CED7D7TE | TNEODMATTON TTEM ONLY. | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,329
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

----- MONTHLY AVERAGE -----542 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 497 3,555 Ś 383,065.63 \$ 107.75 6.559 \$ 770.76 \$ 706.76 @PHYSICIANS SERVICES 204 794 51,992.67 65.48 1.465 \$ 254.87 \$ 95.93 OUTPATIENT VISITS 82 143 8,863.21 61.98 .264 108.09 16.35 7 63.89 63.89 OFFICE VISITS 447.20 .013 .83 HOME VISITS 0 0 .00 .000 .00 .00 .00 EMERGENCY ROOM 19 75.96 2.24 16 1,215.39 63.97 .035 0 0 PREVENTIVE CARE .00 .00 .000 .00 .00 61 OB VISITS/COMPRE PERI 117 7,200.62 61.54 .216 118.04 13.29 .00 0 0 .00 OTHER OUTPATIENT .00 .000 .00 29 73 96.02 INPATIENT VISITS 7,009.72 .135 241.71 12.93

| HOSPITAL VISITS | 26 | 42 | | 1,811.53 | | 43.13 | .077 | | 69.67 | | 3.34 |
|----------------------------|-----------------------|-----------|-------|---------------------|-------|-------------|--------|-----|---------|----|------------|
| CRITICAL CARE | 3 | 31 | | 5,198.19 | | 167.68 | .057 | | 1732.73 | | 9.59 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 42 | 233 | | 23,297.55 | | 99.99 | .430 | | 554.70 | | 42.98 |
| PRINCIPAL SURGEON | 27 | 27 | | 18,608.63 | | 689.21 | .050 | | 689.21 | | 34.33 |
| ASSISTANT SURGEON | 1 | 1 | | 186.50 | | 186.50 | .002 | | 186.50 | | .34 |
| ANESTHESIOLOGIST | 17 | 205 | | 4,502.42 | | 21.96 | .378 | | 264.85 | | 8.31 |
| OUTPATIENT SURGERY | 32 | 59 | | 6,064.53 | | 102.79 | .109 | | 189.52 | | 11.19 |
| PRINCIPAL SURGEON | 31 | 41 | | 5,346.98 | | 130.41 | .076 | | 172.48 | | 9.87 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 13 | 18 | | 717.55 | | 39.86 | .033 | | 55.20 | | 1.32 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 34 | 118 | | 457.13 | | 3.87 | .218 | | 13.45 | | .84 |
| RADIOLOGY | 58 | 72 | | 4,563.30 | | 63.38 | .133 | | 78.68 | | 8.42 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 21 | 63 | | 702.85 | | 11.16 | .116 | | 33.47 | | 1.30 |
| OTHER SERVICES/ALL X-OVERS | 19 | 33 | | 1,034.38 | | 31.34 | .061 | | 54.44 | | 1.91 |
| @PHARMACY | 51 | 99 | \$ | 5,331.96 | \$ | 53.86 | .183 | \$ | 104.55 | \$ | 9.84 |
| PRESCRIPTION DRUGS | 50 | 91 | | 4,895.62 | | 53.80 | .168 | | 97.91 | | 9.03 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 50 | 91 | | 4,895.62 | | 53.80 | .168 | | 97.91 | | 9.03 |
| MEDICAL SUPPLIES | 5 | 8 | | 436.34 | | 54.54 | .015 | | 87.27 | | .81 |
| @DENTIST | 1 | 3 | \$ | 28.00 | \$ | 9.33 | .006 | \$ | 28.00 | \$ | .05 |
| VISITS - DIAGNOSTIC | 1 | 3 | | 28.00 | | 9.33 | .006 | | 28.00 | | .05 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU | RES M | MONTH-OF-PAYMENT RI | EPORT | FOR JAN 200 | 4 THRU | DEC | 2004 | P | AGE 15,330 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | | 03/14/05 |
| | | | | | | | | | | | |

SOLANO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

| 542 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 3 | COST PER | COST PER |
|----------------------------|-------|------------------|--------------|-----|-----------|------------|----|----------|-----------|
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | | USER | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | .00 |

----- MONTHLY AVERAGE -----

| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
|------------------------------|--------------------|-----------------------|-----------------------|--------|------------|-------------|--------------|-------------|
| OTHER | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 4 | 68 \$ | 1,185.99 | \$ | 17.44 | .125 | \$ 296.50 | \$ 2.19 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 168 | 1,178 \$ | 279,055.22 | \$ | 236.89 | 2.173 | \$ 1661.04 | \$ 514.86 |
| HOSP INPATIENT TOTAL | 43 | 164 | 253,283.06 | | 1544.41 | .303 | 5890.30 | 467.31 |
| HSC HOSPITALS | 4 | 39 | 67,860.00 | | 1740.00 | .072 | 16965.00 | 125.20 |
| NON-HSC HOSPITAL TOTAL | 39 | 125 | 185,423.06 | | 1483.38 | .231 | 4754.44 | 342.11 |
| ACCOMMODATIONS | 38 | 125 | 77,838.95 | | 622.71 | .231 | 2048.39 | 143.61 |
| | | 0 | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 38 | 125 | 77,838.95 | | 622.71 | .231 | 2048.39 | 143.61 |
| ANCILLARIES | 0 0 38 39 | 0 | 107,584.11 | | .00 | .000 | 2758.57 | 198.49 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| | 146 | 1,014 | 25,772.16 | | 25.42 | 1.871 | 176.52 | 47.55 |
| MEDICAL | 4 | 1,014 | 400.24 | | 66.71 | .011 | 100.06 | .74 |
| SURGERY | 15 | 21 | 563.35 | | 26.83 | .039 | 37.56 | 1.04 |
| PATHOLOGY | 52 | 183 | 2,226.91 | | 12.17 | .338 | 42.83 | 4.11 |
| RADIOLOGY | 34 | 37 | 2,490.21 | | 67.30 | .068 | 73.24 | 4.59 |
| | 93 | 176 | | | | | | 12.97 |
| ROOM USE | | | 7,028.86 | | 39.94 | .325 | 75.58 | 24.10 |
| CROSSOVERS/ALL OTH OUTPINT | 112 | 591 | 13,062.59 3,691.69 | c | 22.10 | 1.090 | 116.63 | |
| @COUNTY HOSPITAL TOTAL | 0 | 124 \$ 0 | | \$ | 29.77 | .229 | | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | U | | .00 | | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | Ü | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 9 | 124 | 3,691.69 | | 29.77 | .229 | 410.19 | 6.81 |
| MEDICAL | 1 | 1 | 108.00 | | 108.00 | .002 | 108.00 | .20 |
| SURGERY | 9 | 14 | 424.44 | | 30.32 | .026 | 47.16 | .78 |
| PATHOLOGY | 7 | 46 | 937.49 | | 20.38 | .085 | 133.93 | 1.73 |
| RADIOLOGY | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| ROOM USE | 7 | 25 | 1,722.94 | | 68.92 | .046 | 246.13 | 3.18 |
| CROSSOVERS/ALL OTH OUTPTNT | 9 | 38 | 498.82 | | 13.13 | .070 | 55.42 | .92 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES N | IONTH-OF-PAYMENT F | REPORT | FOR JAN | 2004 THRU I | DEC 2004 | PAGE 15,331 |
| MOP024 | FEE-FOR-SERVICE | L/DENTAL | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR MINOR CONSE | ENT AID CODES AID | CODES | 5 7M 7P 7R | 7N | | |
| | | | | | | MC | ONTHLY AVERA | GE |
| 542 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | ERAGE COST | UNITS/DAYS | S COST PER | COST PER |
| | | OR DAYS OF CARE | | PEF | R UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 159 | 1,054 \$ | 275,363.53 | \$ | 261.26 | 1.945 | \$ 1731.85 | \$ 508.05 |
| COMM HOSP INPATIENT TOTAL | 43 | 164 | 253,283.06 | | 1544.41 | .303 | 5890.30 | 467.31 |
| HSC HOSPITALS | 4 | 39 | 67,860.00 | | 1740.00 | .072 | 16965.00 | 125.20 |
| NON-HSC HOSPITALS TOTAL | 39 | 125 | 185,423.06 | | 1483.38 | .231 | 4754.44 | 342.11 |
| ACCOMMODATIONS | 38 | 125 | 77,838.95 | | 622.71 | .231 | 2048.39 | 143.61 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | .00 | .00 |
| | • | - | | | | | | • • • |

| ALL OTHER ACCOM | 38 | 125 | | 77,838.95 | | 622.71 | .231 | | 2048.39 | | 143.61 |
|------------------------------|---------------------------|--------------|--------|---------------------|-------|---------------|-------------|-----|------------|------|------------|
| ANCILLARIES | 39 | 0 | | 107,584.11 | | .00 | .000 | | 2758.57 | | 198.49 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 137 | 890 | | 22,080.47 | | 24.81 | 1.642 | | 161.17 | | 40.74 |
| MEDICAL | 3 | 5 | | 292.24 | | 58.45 | .009 | | 97.41 | | .54 |
| SURGERY | 6 | 7 | | 138.91 | | 19.84 | .013 | | 23.15 | | .26 |
| PATHOLOGY | 45 | 137 | | 1,289.42 | | 9.41 | .253 | | 28.65 | | 2.38 |
| RADIOLOGY | 34 | 37 | | 2,490.21 | | 67.30 | .068 | | 73.24 | | 4.59 |
| ROOM USE | 86 | 151 | | 5,305.92 | | 35.14 | .279 | | 61.70 | | 9.79 |
| CROSSOVERS/ALL OTH OUTPTNT | 103 | 553 | | 12,563.77 | | 22.72 | 1.020 | | 121.98 | | 23.18 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | • | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | · | .00 | .000 | | .00 | • | .00 |
| INDEPENDENT FACILITY | 0 | Ō | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 105 | 284 | \$ | 4,300.65 | \$ | | .524 | Ś | 40.96 | Ś | 7.93 |
| PATHOLOGY | 105 | 284 | | 4,300.65 | | 15.14 | .524 | | 40.96 | | 7.93 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 131 | 1,117 | \$ | 39,922.64 | \$ | | 2.061 | Ś | | Ś | 73.66 |
| CLINIC | 124 | 1,100 | 7 | 38,118.92 | , | 34.65 | 2.030 | т. | 307.41 | т. | 70.33 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 7 | 17 | | 1,803.72 | | 106.10 | .031 | | 257.67 | | 3.33 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | IRES M | | EPORT | | | DEC | | PΖ | AGE 15,332 |
| MOP024 | FEE-FOR-SERVICE/DENTA | | J. L. | | 01(1 | 2 310 31110 2 | 2001 111110 | 200 | 2001 | - 1 | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES F | | CONSE | ENT AID CODES AID (| CODES | 7M 7P 7R | 7N | | | | 10, 11, 00 |
| 202111.0 0001111 | 201111111 01 0111111010 1 | 01. 1111,010 | 301101 | 00000 1110 (| 00000 | ,11 /1 /10 | | | מדע אזזבטא | CE - | |

----- MONTHLY AVERAGE -----USERS 542 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 12 12 \$ 1,248.50 \$ 104.04 .022 \$ 104.04 \$ 2.30 @ALL OTHER PROVIDERS DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 .00 OTHER TRANS .00 .000 .00 .00 .00 .00 .00 .00 OTHER SERVICES .000 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 1,155.00 GENETIC DISEASE TESTING 105.00 .020 105.00 2.13

| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
|---|--|---|---------------------------------------|---|---|---|---|---|--|
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 1 | 1 | | 93.50 | | 93.50 | .002 | 93.50 | | .17 |
| 1 | 1 | | 93.50 | | 93.50 | .002 | 93.50 | | .17 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 2 | 149 | \$ | 53 , 592.55 | \$ | 359.68 | .275 | \$ 26796.28 | \$ 9 | 8.88 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| | 0 0 0 0 1 1 1 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 1 1 1 1 1 1 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 .00 0 0 .00 0 0 .00 0 0 .00 1 1 93.50 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 | 0 0 .00 0 0 .00 0 0 .00 0 0 .00 1 1 93.50 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 | 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 1 1 93.50 93.50 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 | 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 1 1 93.50 93.50 .002 1 1 93.50 93.50 .002 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 | 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 1 1 93.50 93.50 .002 93.50 1 1 93.50 93.50 .002 93.50 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 | 0 0 .00 </td |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,333
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----150 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,527 36.913 \$ 100.57 \$ 1023.83 @TOTAL, ALL PROVIDERS 5**,**537 153,574.78 27.74 14 @PHYSICIANS SERVICES 26 2,541.48 97.75 .173 \$ 181.53 \$ 16.94 10 42.62 42.62 OUTPATIENT VISITS 10 426.24 .067 7 228.96 32.71 32.71 OFFICE VISITS .047 1.53 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM 197.28 65.76 .020 65.76 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT .00 .000 .00 .00 261.19 52.24 .033 261.19 INPATIENT VISITS .00 HOSPITAL VISITS .00 .00 .000 .00 CRITICAL CARE 261.19 52.24 .033 261.19 1.74 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 1,793.03 448.26 .027 896.52 11.95 1,793.03 448.26 .027 896.52 11.95 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .000 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 DIALYSIS 7.01 PATHOLOGY 1.75 .027 7.01 .05 54.01 RADIOLOGY 18.00 .020 27.01 .36 PSYCHIATRY .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | . (| 0 (| .00 |
|----------------------------|-----------------|------------------|--------|--------------------|-------|------------|-----------|------------|-----|-------------|
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | . (| 0 (| .00 |
| @PHARMACY | 54 | 188 | \$ | 10,122.82 | \$ | 53.84 | 1.253 | \$ 187.4 | 6 | \$ 67.49 |
| PRESCRIPTION DRUGS | 50 | 85 | | 9,314.09 | | 109.58 | .567 | 186.2 | 8.8 | 62.09 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | . (| 0 (| .00 |
| OUTPATIENTS | 50 | 85 | | 9,314.09 | | 109.58 | .567 | 186.2 | 8.8 | 62.09 |
| MEDICAL SUPPLIES | 4 | 103 | | 808.73 | | 7.85 | .687 | 202.1 | . 8 | 5.39 |
| @DENTIST | 755 | 3,781 | \$ | 101,533.20 | \$ | 26.85 | 25.207 | \$ 134.4 | 8 | \$ 676.89 |
| VISITS - DIAGNOSTIC | 571 | 2 , 677 | | 35,881.00 | | 13.40 | 17.847 | 62.8 | 34 | 239.21 |
| ORAL SURGERY | 96 | 193 | | 11,819.00 | | 61.24 | 1.287 | 123.1 | .1 | 78.79 |
| DRUGS | 23 | 24 | | 575.00 | | 23.96 | .160 | 25.0 | 0 (| 3.83 |
| ANESTHESIA | 4 | 4 | | 400.00 | | 100.00 | .027 | 100.0 | 0 (| 2.67 |
| PERIODONTICS | 17 | 17 | | 1,470.00 | | 86.47 | .113 | 86.4 | 7 | 9.80 |
| ENDODONTICS | 42 | 58 | | 8,831.00 | | 152.26 | .387 | 210.2 | 6 | 58.87 |
| RESTORATIVE DENTISTRY | 243 | 702 | | 36,022.20 | | 51.31 | 4.680 | 148.2 | 2.4 | 240.15 |
| PROSTHETICS | 3 | 3 | | 80.00 | | 26.67 | .020 | 26.6 | 57 | .53 |
| DENTURES, STAYPLATES | 10 | 56 | | 5,030.00 | | 89.82 | .373 | 503.0 | 0 (| 33.53 |
| SPACE MAINTAINERS | 6 | 7 | | 480.00 | | 68.57 | .047 | 80.0 | 0 (| 3.20 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | . (| 0 (| .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | . (| 0 (| .00 |
| ORTHODONTIC SERVICES | 22 | 25 | | 945.00 | | 37.80 | .167 | 42.9 | 5 | 6.30 |
| ALL OTHER SERVICES | 18 | 15 | | .00 | | .00 | .100 | . (| 0 (| .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITU | RES MO | ONTH-OF-PAYMENT RE | EPOR1 | FOR JAN | 2004 THRU | DEC 2004 | | PAGE 15,334 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR EDWARD | S CASE | ES IN PA-FAMILIES | | AID CODE | 38 | | | |
| | | | | | | | M | ONTHLY AVE | RAG | Ε |
| 150 ELIGIBLES | USERS | UNITS OF SERVIC | Έ | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | S COST PE | lR | COST PER |
| | | OR DAYS OF CAR | RΕ | | PEF | R UNIT/DAY | | | | ELIGIBLE |
| @OPTOMETRIST | 2 | 4 | \$ | 110.96 | \$ | 27.74 | .027 | \$ 55.4 | 8 | \$.74 |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | | 78.88 | | 39.44 | .013 | 39.4 | 4 | .53 |
| EYE APPLIANCES | 1 | 2 | | 32.08 | | 16.04 | .013 | 32.0 | 8 (| .21 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | . (| 0 (| .00 |

| @CHIROPRACTOR | Ō | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
|------------------------------|-----------------|--------------------|----------|--------------------|----------|------------|---------|----------|---------|----------|-----------|
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | Ś | .00 | .000 | \$ | .00 | Ś | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | 7 | .00 | - | .00 | .000 | 7 | .00 | т. | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | .000 | | .00 | | |
| RADIO./PATHOLOGY | 0 | • | | .00 | | .00 | | | | | .00 |
| OTHER | 0 | 0 | ^ | .00 | <u> </u> | .00 | .000 | <u>^</u> | .00 | <u> </u> | .00 |
| @HOME HEALTH AGENCY | · · | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 22 | 57 | \$ | 1,455.42 | \$ | 25.53 | .380 | \$ | 66.16 | \$ | 9.70 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | | | | .00 | | |
| INPATIENT CROSSOVERS | • | • | | | | .00 | .000 | | | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 22 | 57 | | 1,455.42 | | 25.53 | .380 | | 66.16 | | 9.70 |
| MEDICAL | 2 | 2 | | 53.12 | | 26.56 | .013 | | 26.56 | | .35 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 4 | 19 | | 187.51 | | 9.87 | .127 | | 46.88 | | 1.25 |
| RADIOLOGY | 2 | 3 | | 132.29 | | 44.10 | .020 | | 66.15 | | .88 |
| ROOM USE | 9 | 9 | | 326.75 | | 36.31 | .060 | | 36.31 | | 2.18 |
| CROSSOVERS/ALL OTH OUTPINT | 19 | 24 | | 755.75 | | 31.49 | .160 | | 39.78 | | 5.04 |
| @COUNTY HOSPITAL TOTAL | 2 | 10 | \$ | 180.60 | \$ | 18.06 | .067 | \$ | 90.30 | \$ | 1.20 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | | | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | | | .00 | .000 | | | | .00 |
| INPATIENT CROSSOVERS | • | • | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 2 | 10 | | 180.60 | | 18.06 | .067 | | 90.30 | | 1.20 |
| MEDICAL | 1 | 1 | | 23.42 | | 23.42 | .007 | | 23.42 | | .16 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 1 | 5 | | 52.01 | | 10.40 | .033 | | 52.01 | | .35 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 2 | 2 | | 71.31 | | 35.66 | .013 | | 35.66 | | .48 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 2 | | 33.86 | | 16.93 | .013 | | 33.86 | | .23 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITUR | RES M | ONTH-OF-PAYMENT RI | EPOR | FOR JAN 20 | 04 THRU | DEC 20 | 04 | PA | GE 15,335 |
| MOP024 | FEE-FOR-SERVICE | DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | | | CAS | ES IN PA-FAMILIES | | AID CODE 3 | 8 | | | | . , |
| | | | | | | | M | ONTHIA | ' AVERA | GE - | |
| 150 ELIGIBLES | USERS | UNITS OF SERVICE | 1 | EXPENDITURES | ΑVF | | | | | | OST PER |
| 100 211012 | ODLING | OR DAYS OF CARE | | | | R UNIT/DAY | | | JSER | | LIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 20 | OR DATS OF CARE | | 1,274.82 | | | | | 63.74 | | 8.50 |
| COCHIONITI HODITIAL TOTAL | 20 | ٦ <i>/</i> | ~ | 1,214.02 | 7 | ∠ / • ±∠ | • 5 ± 5 | Ψ. | 00.17 | ~ | 0.50 |

| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-----------------|-------------------|-------|-------------------|------|--------------|-------------|------|-----------|-----|------------|
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 20 | 47 | | 1,274.82 | | 27.12 | .313 | | 63.74 | | 8.50 |
| MEDICAL | 1 | 1 | | 29.70 | | 29.70 | .007 | | 29.70 | | .20 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 3 | 14 | | 135.50 | | 9.68 | .093 | | 45.17 | | .90 |
| RADIOLOGY | 2 | 3 | | 132.29 | | 44.10 | .020 | | 66.15 | | .88 |
| ROOM USE | 2 | 7 | | 255.44 | | 36.49 | .047 | | 36.49 | | 1.70 |
| | 18 | 22 | | 721.89 | | 32.81 | | | 40.11 | | 4.81 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | Ċ | | Ċ | | .147 | Ċ | | ċ | |
| @STATE HOSPITAL | - | | \$ | .00 | \$ | .00 | .000 | Þ | .00 | Ş | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ş | .00 |
| LEV A-INTERMEDIATE | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 4 | 11 | \$ | 162.77 | \$ | 14.80 | .073 | \$ | 40.69 | \$ | 1.09 |
| PATHOLOGY | 4 | 11 | | 162.77 | | 14.80 | .073 | | 40.69 | | 1.09 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 284 | 356 | \$ | 24,275.36 | \$ | 68.19 | 2.373 | \$ | 85.48 | \$ | 161.84 |
| CLINIC | 3 | 12 | | 444.51 | | 37.04 | .080 | | 148.17 | | 2.96 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 281 | 344 | | 23,830.85 | | 69.28 | 2.293 | | 84.81 | | 158.87 |
| #CALIF DEPT OF HEALTH SERV | | | ES MO | NTH-OF-PAYMENT RE | PORT | | | DEC | | Р | AGE 15,336 |
| MOP024 | FEE-FOR-SERVICE | | | 01 1111111111 111 | | 2011 01111 1 | 2001 111110 | | 2001 | - | 03/14/05 |
| SOLANO COUNTY | | ICES FOR EDWARDS | CASE | S IN PA-FAMILIES | | AID CODE | 3.8 | | | | 00/11/00 |
| BOLING COUNT | SOTHER OF SERV | 1010 1010 1DWINDS | 01101 | | | IIID CODE | M | ONTI | HIY AVERA | GE. | |
| 150 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | | | | COST PER |
| 100 HHIGIBHE | OBLIG | OR DAYS OF CARE | | EMPLICATION | | | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 439 | 1,114 | \$ | 13,372.77 | \$ | 12.00 | 7.427 | | 30.46 | | 89.15 |
| DURABLE MED. EQUIP. | 0 | 0 | т | .00 | ~ | .00 | .000 | ~ | .00 | ~ | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 2 | 3 | | 246.28 | | 82.09 | .020 | | 123.14 | | 1.64 |
| HEDICAL INVISIONITATION | ۷ | J | | 240.20 | | 02.03 | .020 | | 140.14 | | 1.04 |

| AMBULANCES/AIR TRANS | 2 | 3 | | 246.28 | 82.09 | .020 | 123.14 | 1.64 |
|----------------------------------|----------------------|------------|------------|----------|--------------|-------|--------------|-------------|
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 11 | 11 | | 1,155.00 | 105.00 | .073 | 105.00 | 7.70 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 120 | 246 | | 2,225.88 | 9.05 | 1.640 | 18.55 | 14.84 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 305 | 853 | | 9,737.60 | 11.42 | 5.687 | 31.93 | 64.92 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | | 8.01 | 8.01 | .007 | 8.01 | .05 |
| @CALIF. CHILDREN SERVICES* | 4 | 18 | \$ | 2,390.31 | \$ 132.80 | .120 | \$ 597.58 | \$ 15.94 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| A* TOTALS IN THESE ITMES ARE CIT | TENT AC A CEDADAME T | MEODMATTON | TUEM ONLY. | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,337 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

| | | | | | MO | NTHLY AVERA | GE |
|----------------------------|-------|------------------|--------------------------|--------------|------------|-------------|------------|
| 18 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 76 | 310 | \$ 25 , 782.85 | \$ 83.17 | 17.222 | \$ 339.25 | \$ 1432.38 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|--------------------|---------------|-------|--------------------|------|-----------|-----------|-----|--------|----|------------|
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 22 | 50 | \$ | 17,539.47 | \$ | 350.79 | 2.778 | \$ | 797.25 | \$ | 974.42 |
| PRESCRIPTION DRUGS | 22 | 50 | | 17,539.47 | | 350.79 | 2.778 | | 797.25 | | 974.42 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 22 | 50 | | 17,539.47 | | 350.79 | 2.778 | | 797.25 | | 974.42 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 41 | 215 | \$ | 6,833.00 | \$ | 31.78 | 11.944 | \$ | 166.66 | \$ | 379.61 |
| VISITS - DIAGNOSTIC | 28 | 131 | | 1,548.00 | | 11.82 | 7.278 | | 55.29 | | 86.00 |
| ORAL SURGERY | 5 | 9 | | 504.00 | | 56.00 | .500 | | 100.80 | | 28.00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 1 | 1 | | 118.00 | | 118.00 | .056 | | 118.00 | | 6.56 |
| ENDODONTICS | 3 | 5 | | 1,280.00 | | 256.00 | .278 | | 426.67 | | 71.11 |
| RESTORATIVE DENTISTRY | 15 | 61 | | 2,967.00 | | 48.64 | 3.389 | | 197.80 | | 164.83 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 2 | 5 | | 206.00 | | 41.20 | .278 | | 103.00 | | 11.44 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 3 | 3 | | 210.00 | | 70.00 | .167 | | 70.00 | | 11.67 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITU | RES M | ONTH-OF-PAYMENT RI | EPOR | T FOR JAN | 2004 THRU | DEC | 2004 | PF | AGE 15,338 |
| MOP024 | FEE-FOR-SERVICE/DE | CNTAL | | | | | | | | | 03/14/05 |

| | | | | | | M | CNO | HLY AVERA | GE | |
|------------------------------|-------|------------------|--------------|-----|-----------|-----------|-----|-----------|----|----------|
| 18 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | ÷ | USER | | ELIGIBLE |
| @OPTOMETRIST | 1 | 4 | \$ 90.30 | \$ | 22.58 | .222 | \$ | 90.30 | \$ | 5.02 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 47.45 | | 47.45 | .056 | | 47.45 | | 2.64 |
| EYE APPLIANCES | 1 | 3 | 42.85 | | 14.28 | .167 | | 42.85 | | 2.38 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 2 | 2 | \$ 53.25 | \$ | 26.63 | .111 | \$ | 26.63 | \$ | 2.96 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |

SOLANO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|----------------------|----------------|--------------------|---------------|-----------|----------|-------------|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2 | 2 | 53.25 | 26.63 | .111 | 26.63 | 2.96 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | 53.25 | 26.63 | .111 | 26.63 | 2.96 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURES | MONTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 15,339 |

MOP024 FEE-FOR-SERVICE/DENTAL SOLANO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

| 10 81 767 81 80 | HOED C | | , | TARRAD THURS | | | | | HLY AVERA | | |
|--|---|------------------|-------|------------------|-----------|------------|------|------|--------------|------|-----------------|
| 18 ELIGIBLES | | JNITS OF SERVICE | | EXPENDITURES | | RAGE COST | | | | | COST PER |
| ACCOMMUNITARY HOCDITARI TOTAL | 2 | OR DAYS OF CARE | \$ | 53.25 | PER \$ | UNIT/DAY | | | USER | | LIGIBLE 2.96 |
| @COMMUNITY HOSPITAL TOTAL | 0 | 2 | ې | | Ą | 26.63 | .111 | Ą | | Ą | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | • | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | • | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 26.63 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2 | 2 | | 53.25 | | 26.63 | .111 | | 26.63 | | 2.96 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | | 53.25 | | 26.63 | .111 | | 26.63 | | 2.96 |
| QSTATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | Ś | .00 |
| MENTALLY ILL | 0 | 0 | • | .00 | | .00 | .000 | | .00 | ' | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | Ś | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | ۲ | .00 | Υ | .00 | .000 | ۲ | .00 | ۲ | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B KEHAB MD LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TEA D MDANGIMIONAL ID CADE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | | | | | | | | |
| LEV B-REGULAR | 0 | 0 | Ś | .00 | Ċ | .00 | .000 | ć | .00 | ċ | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | | Ş | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | Ü | 0 | Ş | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 1 | 3 | \$ | 15.32 | \$ | 5.11 | .167 | | 15.32 | \$ | .85 |
| PATHOLOGY | 1 | 3 | | 15.32 | | 5.11 | .167 | | 15.32 | | .85 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 9 | 10 | \$ | 790.87 | \$ | 79.09 | .556 | \$ | 87.87 | \$ | 43.94 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 9 | 10 | | 790.87 | | 79.09 | .556 | | 87.87 | | 43.94 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | S AND EXPENDITUR | ES MO | | EPORT | | | DEC | | | |
| MOP024 | FEE-FOR-SERVICE/ | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVI | | EAL/N | LDC IN PA-DISABL | ED AI | D CODES 6N | 1 6P | | | | , -, -, |
| | | | , - | | | | | иоит | HLY AVERA | GE - | |
| 10 BITCIDIES | HCEDC | INTER OF CEDITOR | | EADENDIMIDEC | 70 7 7 77 | | | | | | |

18 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

| | (| OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|--------------------------------|----|-----------------|--------|--------------|----------|--------|----------|
| @ALL OTHER PROVIDERS | 11 | 26 \$ | 460.64 | \$ 17.72 | 1.444 \$ | 41.88 | \$ 25.59 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 2 | 2 | 210.00 | 105.00 | .111 | 105.00 | 11.67 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 6 | 12 | 109.28 | 9.11 | .667 | 18.21 | 6.07 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3 | 12 | 141.36 | 11.78 | .667 | 47.12 | 7.85 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 1 | 1 \$ | 9.53 | \$ 9.53 | .056 \$ | 9.53 | \$.53 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,341 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

| | MONTHLY AVERAGE | | | | | | | | | | |
|---------------------------|-----------------|------------------|--------------|--------------|------------|----------|------------|--|--|--|--|
| 19 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | | | | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | | | | |
| @TOTAL, ALL PROVIDERS | 50 | 4,252 \$ | 45,850.32 | \$ 10.78 | 223.789 | 917.01 | \$ 2413.17 | | | | |
| @PHYSICIANS SERVICES | 3 | 4 \$ | 55.81 | \$ 13.95 | .211 | 18.60 | \$ 2.94 | | | | |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INPATIENT HOSPITAL SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|------------------|------------|--------|--------|-------------------|-------|-----------|-----------------|-------|-----------|----|------------|
| PRINCIPAL SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | | | | | | | | .00 |
| OUTPATIENT SURGERY | U | | 0 | | .00 | | .00 | .000 | | .00 | | |
| PRINCIPAL SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | .00 | | .00 | .000 | | | | .00 |
| IMMUNIZATION AND INJECTION | U | | • | | | | | | | .00 | | |
| OTHER SERVICES/ALL X-OVERS | 3 | | 4 | | 55.81 | | 13.95 | .211 | | 18.60 | | 2.94 |
| @PHARMACY | 18 | | 61 | \$ | 4,339.09 | \$ | 71.13 | 3.211 | \$ | 241.06 | \$ | 228.37 |
| PRESCRIPTION DRUGS | 16 | | 58 | | 4,325.95 | | 74.59 | 3.053 | | 270.37 | | 227.68 |
| SNF/ICF | 13 | | 54 | | 3,919.93 | | 72.59 | 2.842 | | 301.53 | | 206.31 |
| OUTPATIENTS | 3 | | 4 | | 406.02 | | 101.51 | .211 | | 135.34 | | 21.37 |
| MEDICAL SUPPLIES | 2 | | 3 | | 13.14 | | 4.38 | .158 | | 6.57 | | .69 |
| @DENTIST | 13 | | 63 | Ś | 3,006.00 | Ś | 47.71 | 3.316 | Ċ | 231.23 | Ċ | 158.21 |
| • | 7 | | 31 | Ÿ | 312.00 | Y | 10.06 | 1.632 | Y | 44.57 | Y | 16.42 |
| VISITS - DIAGNOSTIC | / | | ~ - | | | | | | | | | |
| ORAL SURGERY | 2 | | 2 | | 90.00 | | 45.00 | .105 | | 45.00 | | 4.74 |
| DRUGS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 3 | | 7 | | 654.00 | | 93.43 | .368 | | 218.00 | | 34.42 |
| PROSTHETICS | 0 | | , O | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | | 23 | | 1,950.00 | | 84.78 | 1.211 | | 390.00 | | 102.63 |
| | 5 | | | | • | | | | | | | |
| SPACE MAINTAINERS | U | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | O | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 1 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXP | ENDITU | RES MO | NTH-OF-PAYMENT RE | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | Р | AGE 15,342 |
| MOP024 | FEE-FOR-SERVICE | - | | | | | | | | | _ | 03/14/05 |
| SOLANO COUNTY | | | CDATC | CACEC- | AGED IN PA-AGED | | AID CODE | . 1 | | | | 03/11/03 |
| SOLANO COUNTI | SUMMARI OF SERV. | ICES FOR (| CRAIG | CASES- | AGED IN FA-AGED | | AID CODE | | ONTIT | | CE | |
| 10 | | | ~==== | _ | | | | | | HLY AVERA | | |
| 19 ELIGIBLES | USERS | UNITS OF | - | | EXPENDITURES | | RAGE COST | | | | | COST PER |
| | | OR DAYS (| OF CAR | E | | | UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | Ś | .00 | Ś | .00 | .000 | Ċ | .00 | Ċ | .00 |
| - | 0 | | 0 | Ÿ | | ۲ | | | ٻ | | ۲ | |
| VISITS | Ü | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ^ | _ | | _ | ~ | 10 10 | | 4 0 0 | 1 = 0 | _ | 4 0 0 | _ | |

0

0

3

0

\$ \$ \$ \$

12.19

.00

.00

.00

.00

.00

.00

.00

\$

12.19

4.06

.00

.00

.00

4.06

.00

.00

.00

.00

.158 \$

.000 \$

.000 \$

.000 \$

.000 \$

.000

.000

.000

.158

4.06 \$

.00

.00

.00

4.06

.00 \$

.00 \$

.00 \$

.00 \$

.64

.00

.00

.00

.64

.00

.00

.00

.00

@PODIATRIST

OTHER

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

NURSE MIDWIFE

MEDICINE/INJECTIONS

PEDIATRIC NURSE PRACTITIONER

0

0

0

3

0

0

| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
|-----------------------------|-----------------------|----------------|--------------------|-----------------|--------------|---------|-------------|
| @TOTAL HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | | | | |
| ALL OTHER INPATIENT | U | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | U | U | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | | | .000 | | |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | ONTH-OF-PAYMENT RE | SPORT FOR JAN . | 2004 THRU DE | IC 2004 | PAGE 15,343 |
| MOP024 | FEE-FOR-SERVICE/DENTA | | 3,000 731 03 3,000 | 3.75 000 | - 1- | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES F | OR CRAIG CASES | - AGED IN PA-AGED | AID COD | | | - |
| 10 | | | | | MON | | |
| 19 ELIGIBLES | | OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | AYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | • |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------|---|-----|-----------------|--------------|--------|---------------|---------------|
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 6 | 285 | \$ 37,112.57 | \$ 130.22 | 15.000 | \$ 6185.43 | \$ 1953.29 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 6 | 285 | 37,112.57 | 130.22 | 15.000 | 6185.43 | 1953.29 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 5 | 8 | \$ 470.28 | \$ 58.79 | .421 | \$ 94.06 | \$ 24.75 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

RURAL HEALTH CLINIC 5 8 470.28 58.79 .421 94.06 24.75 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,344

03/14/05

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E SOLANO COUNTY

| SOLANO COUNTI | DOMESTIC OF DELICE | TCES FOR CRAIG CASES | AGED IN IA AGED | AID CODI | U LU | | |
|--------------------------------|--------------------|-------------------------|-----------------|--------------|------------|------------|----------|
| | | | | | MON | THLY AVERA | GE |
| 19 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 12 | 3,828 \$ | 854.38 | \$.22 | 201.474 \$ | 71.20 | \$ 44.97 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1 | 2 | 222.00 | 111.00 | .105 | 222.00 | 11.68 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 5 | 12 | 156.40 | 13.03 | .632 | 31.28 | 8.23 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 6 | 3,814 | 475.98 | .12 | 200.737 | 79.33 | 25.05 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 5 | 7 \$ | 174.93 | \$ 24.99 | .368 \$ | 34.99 | \$ 9.21 |
| 0* TOTALS IN THESE LINES ARE | GIVEN AS A SEPAF | RATE INFORMATION ITEM (| ONLY; | | | | |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,345 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

| | | | | | | Mo | TNC | HLY AVERA | GE | |
|-----------------------|-------|------------------|--------------|---------|--------|-----------|-----|-----------|----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGI | E COST | UNITS/DAY | 5 (| COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER UN | T/DAY | PER ELIG | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 1 | 1 | \$ 96.31 | \$ 96 | 5.31 | .000 | \$ | 96.31 | \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OFFICE VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HOME VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|------------------|-------------------|--------|---------------------|-------|-----------|-----------|-----|-----------|----|------------|
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| INPATIENT HOSPITAL SURGERY | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | O | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | U | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @PHARMACY | 1 | 1 | \$ | 96.31 | \$ | 96.31 | | \$ | 96.31 | Ş | .00 |
| PRESCRIPTION DRUGS | 1 | 1 | | 96.31 | | 96.31 | .000 | | 96.31 | | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 1 | 1 | | 96.31 | | 96.31 | .000 | | 96.31 | | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | | | | .00 | | |
| ENDODONTICS | 0 | 0 | | | | .00 | .000 | | | | .00 |
| RESTORATIVE DENTISTRY | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITUR | RES MO | NTH-OF-PAYMENT RE | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | P. | AGE 15,346 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | | | ASES- | - BLIND IN PA-BLIN | ID | AID CODE | 7 2 E | | | | 00/ 11/ 00 |
| BOLLING COOKIT | SOUTH OF SERVE | 010 1010 014110 0 | 71000 | DELIND IN III DELIN | 1.0 | TILD CODE | | ONT | HLY AVERA | CF | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | , | EXPENDITURES | Z/FE | ACF COST | UNITS/DAY | | | | COST PER |
| 00 EHIGIDHES | OSEKS | OR DAYS OF CARE | | EXTENDITORES | | | PER ELIG | | USER | | ELIGIBLE |
| A O DELOMETED T CE | 0 | | ٠, | .00 | | | | | .00 | | |
| @OPTOMETRIST | | 0 | Ą | | Ş | .00 | | Ş | | Ş | |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | - | - | | | | | | | | | |

| DADIO /DAMIOLOGY | 0 | 0 | .00 | 0.0 | 000 | .00 | 0.0 |
|------------------------------|-----------------|-----------------------|---------------------|-----------------|---------------|----------|-------------|
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .000 | | .00 |
| OTHER | | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | · |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | | | | |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | U | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | U | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | | | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | U | U | .00 | .00 | .000 | .00 | .00 |
| SURGERY | U | U | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | ES AND EXPENDITURES I | MONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 15,347 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR CRAIG CASES | S- BLIND IN PA-BLIN | ND AID COD | E 2E | | |
| | | | | | MON' | | GE |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | - | - | . 3 0 | | | | |

| 3.1. 0.0000 | 0 | 0 | 0.0 | | 0.0 | 0.00 | | 0.0 | | 0.0 |
|------------------------------|-------------------|-----------------------|---------------------|-------|-----------|-----------|-----|-----------|------|------------|
| ALL OTHER ACCOM | U | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | U | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | | .00 | .000 | | .00 | • | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | .00 | | | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 \$ | | \$ | .00 | | ċ | | ċ | |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | .00 | Ą | .00 | .000 | Þ | .00 | Ş | .00 |
| ICF DDH | U | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | U | 0 | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @HEMODIALYSIS TOTAL | O | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ş | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES | MONTH-OF-PAYMENT R | EPORT | | | DEC | | P.A | AGE 15,348 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | | | ES- BLIND IN PA-BLI | ND | AID CODE | 7. 2E | | | | 00/ 11/ 00 |
| BOLLING COONTI | BOHHHILL OF BEILV | TODO TOTA CIUTTO CITO | DD DDIND IN IN DDI | IVD | TILD CODI | M | ⊓МТ | HIY AVERA | GE - | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | 7/LE | ACF COST | UNITS/DAY | | | | COST PER |
| 00 EDIGIBLES | OSEKS | OR DAYS OF CARE | EXFENDITORES | | | PER ELIG | | USER | | ELIGIBLE |
| ANTI OMITED DEOLITEDE | 0 | | 0.0 | \$ | .00 | .000 | | .00 | | .00 |
| @ALL OTHER PROVIDERS | 0 | 0 \$ 0 | .00 | ۲ | | .000 | | | ې | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | | .00 | | | | | |
| BLOOD BANK | U | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | U | U | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | U | .00 | | .00 | .000 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | O | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 0 | O - | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | |

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|---|------|-----|--------|---------|--------|-----|
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,349 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

| | | | | | | | MC | JN'T | 'HLY AVERA | .GE | |
|-----------------------|-------|-----------------|----|--------------|-----|-----------|------------|------|------------|-----|----------|
| 164 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 3 | COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 400 | 2,021 | \$ | 167,200.41 | \$ | 82.73 | 12.323 | \$ | 418.00 | \$ | 1019.51 |
| @PHYSICIANS SERVICES | 15 | 21 | \$ | 842.56 | \$ | 40.12 | .128 | \$ | 56.17 | \$ | 5.14 |
| OUTPATIENT VISITS | 3 | 3 | | 146.40 | | 48.80 | .018 | | 48.80 | | .89 |
| OFFICE VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------|-----------------------|--------------------|----------------|--------------|--------------|-------------|
| EMERGENCY ROOM | 3 | 3 | 146.40 | 48.80 | .018 | 48.80 | .89 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 1 | 1 | | | | | |
| OUTPATIENT SURGERY | 1 | 1 | 295.23 | 295.23 | .006 | 295.23 | 1.80 |
| PRINCIPAL SURGEON | 1 | 1 | 295.23 | 295.23 | .006 | 295.23 | 1.80 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 3 | 5 | 203.53 | 40.71 | .030 | 67.84 | 1.24 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 10 | 12 | 197.40 | 16.45 | .073 | 19.74 | 1.20 |
| @PHARMACY | 191 | 467 \$ | 101,576.45 | \$ 217.51 | 2.848 | \$ 531.81 | \$ 619.37 |
| PRESCRIPTION DRUGS | 186 | 461 | 101,295.37 | 219.73 | 2.811 | 544.60 | 617.65 |
| SNF/ICF | 44 | 179 | 28,854.69 | 161.20 | 1.091 | 655.79 | 175.94 |
| OUTPATIENTS | 144 | 282 | 72,440.68 | 256.88 | 1.720 | 503.06 | 441.71 |
| MEDICAL SUPPLIES | 6 | 6 | 281.08 | 46.85 | .037 | 46.85 | 1.71 |
| @DENTIST | 90 | 425 \$ | 16,361.70 | \$ 38.50 | 2.591 | | |
| VISITS - DIAGNOSTIC | 64 | 281 | 3,756.70 | 13.37 | 1.713 | 58.70 | 22.91 |
| ORAL SURGERY | 12 | 41 | 2,284.00 | 55.71 | .250 | 190.33 | 13.93 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | 100.00 | 100.00 | .006 | 100.00 | .61 |
| PERIODONTICS | 5 | 5 | 527.00 | 105.40 | .030 | 105.40 | 3.21 |
| ENDODONTICS | 3 | 5 | 1,495.00 | 299.00 | .030 | 498.33 | 9.12 |
| | 24 | 68 | 4,584.00 | 67.41 | .415 | 191.00 | 27.95 |
| RESTORATIVE DENTISTRY | 0 | 08 | • | | | | |
| PROSTHETICS | 6 | - | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | | 21 | 3,465.00 | 165.00 | .128 | 577.50 | 21.13 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 2 | 150.00 | 75.00 | .012 | 150.00 | .91 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 3 | 1 | .00 | .00 | .006 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES 1 | MONTH-OF-PAYMENT F | REPORT FOR JAN | 2004 THRU I | DEC 2004 | PAGE 15,350 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR CRAIG CASES | S- DISABLED IN PA- | -DISABLED AID | CODE 6E | | |
| | | | | | MO | ONTHLY AVERA | GE |
| 164 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COS | T UNITS/DAYS | S COST PER | COST PER |
| | | OR DAYS OF CARE | | | Y PER ELIG | | ELIGIBLE |
| @OPTOMETRIST | 2 | 8 \$ | 201.12 | | | \$ 100.56 | |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | 94.90 | · | | 47.45 | .58 |
| EYE APPLIANCES | 2 | 6 | 106.22 | | | 53.11 | .65 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .000 | .00 | .00 |
| OTHER OTTOMETRIC SERVICES | O | O | .00 | .00 | .000 | .00 | .00 |

| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
|------------------------------|-----------------|--------------------|-------|--------------------|-------|--------------|-----------|------|-----------|------|-----------|
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 1 | 2 | \$ | .62 | \$ | .31 | .012 | \$ | .62 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 1 | 2 | | .62 | | .31 | .012 | | .62 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 8 | 37 | \$ | 2,280.46 | \$ | 61.63 | .226 | \$ | 285.06 | \$ | 13.91 |
| HOSP INPATIENT TOTAL | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 5.34 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 5.34 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 7 | 37 | | 1,404.46 | | 37.96 | .226 | | 200.64 | | 8.56 |
| MEDICAL | 1 | 1 | | 8.90 | | 8.90 | .006 | | 8.90 | | .05 |
| SURGERY | 3 | 3 | | 77.47 | | 25.82 | .018 | | 25.82 | | .47 |
| PATHOLOGY | 1 | 13 | | 85.90 | | 6.61 | .079 | | 85.90 | | .52 |
| RADIOLOGY | 4 | 6 | | 498.30 | | 83.05 | .037 | | 124.58 | | 3.04 |
| ROOM USE | 5 | 7 | | 606.28 | | 86.61 | .043 | | 121.26 | | 3.70 |
| CROSSOVERS/ALL OTH OUTPINT | 4 | 7 | | 127.61 | | 18.23 | .043 | | 31.90 | | .78 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURE | ES MO | ONTH-OF-PAYMENT RE | EPORT | FOR JAN 20 | 004 THRU | DEC | 2004 | PA | GE 15,351 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR CRAIG CA | ASES- | - DISABLED IN PA-I | DISAE | BLED AID COI | DE 6E | | | | |
| | | | | | | - | M | ONTE | HLY AVERA | GE - | |
| 164 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | RAGE COST (| UNITS/DAY | S (| COST PER | С | COST PER |
| | | OR DAYS OF CARE | | | PEF | R UNIT/DAY | | | USER | | LIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 8 | 37 | \$ | 2,280.46 | \$ | 61.63 | .226 | \$ | 285.06 | \$ | 13.91 |
| | | | | | | | | | | | |

| COMM HOSP INPATIENT TOTAL | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 5.34 |
|------------------------------|-----------------|------------------|--------|--------------------|-------|------------|-----------|-----|----------|----|------------|
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | Ô | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| ALL OTHER ACCOM | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 5.34 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 7 | 37 | | 1,404.46 | | 37.96 | .226 | | 200.64 | | 8.56 |
| MEDICAL | 1 | 1 | | 8.90 | | 8.90 | .006 | | 8.90 | | .05 |
| SURGERY | 3 | 3 | | 77.47 | | 25.82 | .018 | | 25.82 | | .47 |
| PATHOLOGY | 1 | 13 | | 85.90 | | 6.61 | .079 | | 85.90 | | .52 |
| RADIOLOGY | 4 | 6 | | 498.30 | | 83.05 | .037 | | 124.58 | | 3.04 |
| ROOM USE | 5 | 7 | | 606.28 | | 86.61 | .043 | | 121.26 | | 3.70 |
| CROSSOVERS/ALL OTH OUTPINT | 4 | 7 | | 127.61 | | 18.23 | .043 | | 31.90 | | .78 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| _ | 0 | | ې | | Ą | | | ې | .00 | ۲ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | | | |
| DEVELOP. DISABLED | Ü | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @NURSING FACILITY | 5 | 105 | \$ | 16,033.50 | Ş | 152.70 | .640 | \$ | 3206.70 | \$ | 97.77 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 5 | 105 | | 16,033.50 | | 152.70 | .640 | | 3206.70 | | 97.77 |
| @INTERMEDIATE CARE FACILDD | 1 | 122 | \$ | 8,348.34 | \$ | 68.43 | .744 | \$ | 8348.34 | \$ | 50.90 |
| ICF DDH | 1 | 122 | 7 | 8,348.34 | - | 68.43 | .744 | т. | 8348.34 | т. | 50.90 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | | | .00 | .000 | | .00 | | .00 |
| | 0 | 1 | Ċ | .00 | Ċ | | | ċ | | Ċ | |
| @HEMODIALYSIS TOTAL | 1 | - | \$ | 643.63 | \$ | 643.63 | .006 | \$ | 643.63 | \$ | 3.92 |
| HOSPITAL BASED | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 1 | 1 | | 643.63 | | 643.63 | .006 | | 643.63 | | 3.92 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 26 | 42 | \$ | 3,107.70 | \$ | 73.99 | .256 | \$ | 119.53 | \$ | 18.95 |
| CLINIC | 1 | 1 | | 24.60 | | 24.60 | .006 | | 24.60 | | .15 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 25 | 41 | | 3,083.10 | | 75.20 | .250 | | 123.32 | | 18.80 |
| | | | DEC MC | | | | | DEC | | Ъ | |
| #CALIF DEPT OF HEALTH SERV | | | KES MC | NTH-OF-PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | P | AGE 15,352 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERV | ICES FOR CRAIG | CASES- | - DISABLED IN PA-1 | DISAB | LED AID CO | | | | | |
| | | | | | | | M | | | | |
| 164 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | (| COST PER |
| | | OR DAYS OF CAR | E | | PER | . UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 104 | 791 | \$ | 17,804.33 | \$ | 22.51 | 4.823 | \$ | 171.20 | \$ | 108.56 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 4 | 46 | | 288.70 | | 6.28 | .280 | | 72.18 | | 1.76 |
| D.T.C.III | 7 | ± 0 | | 200.70 | | 0.20 | . 200 | | , 2 . ±0 | | ± • / O |

| AMBULANCES/AIR TRANS | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
|--------------------------------|----|-----|-------------------|---------|--------|------|---------|----------|--|
| OTHER TRANS | 4 | 46 | 288.70 | 6. | 28 .28 | 0 | 72.18 | 1.76 | |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| ACUPUNCTURE | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| GENETIC DISEASE TESTING | 1 | 1 | 105.00 | 105. | .00 | 6 | 105.00 | .64 | |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 6 | 21 | 5,592.70 | 266. | .12 | 8 | 932.12 | 34.10 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| OPTICIAN | 21 | 42 | 432.47 | 10. | .25 | 6 | 20.59 | 2.64 | |
| PHYSICAL THERAPIST | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| PORTABLE X-RAY | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| PROSTHETICS | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| ORTHOTICS | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| PSYCHOLOGIST | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| HOSPICE SERVICES | 1 | 27 | 2,680.49 | 99. | .16 | 5 | 2680.49 | 16.34 | |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| LOCAL EDUCATION AGENCIES | 71 | 654 | 8 , 704.97 | 13. | | | 122.61 | 53.08 | |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | | .00 | 0 | .00 | .00 | |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | | .00 | | .00 | .00 | |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | • | .00 | 0 | .00 | .00 | |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | | .00 | | .00 | .00 | |
| @CALIF. CHILDREN SERVICES* | 2 | 4 | \$ 176.68 | \$ 44. | | 4 \$ | 88.34 | \$ 1.08 | |
| @XOVER EXCLUDING STATE HOSP** | 10 | 15 | \$ 3,712.65 | \$ 247. | 51 .09 | 1 \$ | 371.27 | \$ 22.64 | |
| | | | | | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,353
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

| 2021110 0001111 | OULDER OF OPEN | 014110 011020 | 101112 11, 111 1011 | | | | |
|----------------------------|----------------|-------------------|---------------------|--------------|------------|--------------|------------|
| | | | | | MO | NTHLY AVERAG | E |
| 183 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 451 | 6 , 274 \$ | 213,147.04 | \$ 33.97 | 34.284 | \$ 472.61 | \$ 1164.74 |
| @PHYSICIANS SERVICES | 18 | 25 \$ | 898.37 | \$ 35.93 | .137 | \$ 49.91 | \$ 4.91 |
| OUTPATIENT VISITS | 3 | 3 | 146.40 | 48.80 | .016 | 48.80 | .80 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 3 | 3 | 146.40 | 48.80 | .016 | 48.80 | .80 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 1 | 1 | 295.23 | 295.23 | .005 | 295.23 | 1.61 |
| PRINCIPAL SURGEON | 1 | 1 | 295.23 | 295.23 | .005 | 295.23 | 1.61 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|-----------------------|----------|--------|--------------------|------|-----------|-----------|-----|--------|----|------------|
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 3 | 5 | | 203.53 | | 40.71 | .027 | | 67.84 | | 1.11 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 13 | 16 | | 253.21 | | 15.83 | .087 | | 19.48 | | 1.38 |
| @PHARMACY | 210 | 529 | \$ | 106,011.85 | \$ | 200.40 | 2.891 | \$ | 504.82 | \$ | 579.30 |
| PRESCRIPTION DRUGS | 203 | 520 | | 105,717.63 | | 203.30 | 2.842 | | 520.78 | | 577.69 |
| SNF/ICF | 57 | 233 | | 32 , 774.62 | | 140.66 | 1.273 | | 574.99 | | 179.10 |
| OUTPATIENTS | 148 | 287 | | 72 , 943.01 | | 254.16 | 1.568 | | 492.86 | | 398.60 |
| MEDICAL SUPPLIES | 8 | 9 | | 294.22 | | 32.69 | .049 | | 36.78 | | 1.61 |
| @DENTIST | 103 | 488 | \$ | | \$ | | 2.667 | \$ | | \$ | 105.83 |
| VISITS - DIAGNOSTIC | 71 | 312 | | 4,068.70 | | 13.04 | 1.705 | | 57.31 | | 22.23 |
| ORAL SURGERY | 14 | 43 | | 2,374.00 | | 55.21 | .235 | | 169.57 | | 12.97 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .005 | | 100.00 | | .55 |
| PERIODONTICS | 5 | 5 | | 527.00 | | 105.40 | .027 | | 105.40 | | 2.88 |
| ENDODONTICS | 3 | 5 | | 1,495.00 | | 299.00 | .027 | | 498.33 | | 8.17 |
| RESTORATIVE DENTISTRY | 27 | 75 | | 5,238.00 | | 69.84 | .410 | | 194.00 | | 28.62 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 11 | 44 | | 5,415.00 | | 123.07 | .240 | | 492.27 | | 29.59 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 1 | 2 | | 150.00 | | 75.00 | .011 | | 150.00 | | .82 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 4 | 1 | | .00 | | .00 | .005 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | RES MO | ONTH-OF-PAYMENT RE | PORT | ' FOR JAN | 2004 THRU | DEC | 2004 | PP | AGE 15,354 |
| MOP024 | FEE-FOR-SERVICE/DENTA | | | | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICES F | OR CRAIG | CASES- | - TOTAL IN PA-TOTA | L | | | | | | |

----- MONTHLY AVERAGE -----

| 183 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------------|-------------------------------------|-------------------|---|--------------|------------------|----------------------|
| @OPTOMETRIST | 2 | 8 \$ | 201.12 | \$ 25.14 | .044 \$ | 100.56 | \$ 1.10 |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | 94.90 | 47.45 | .011 | 47.45 | .52 |
| EYE APPLIANCES | 2 | _ 6 | 106.22 | 17.70 | .033 | 53.11 | .58 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 4 | 5 \$ | 12.81 | \$ 2.56 | .027 \$ | | \$.07 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 5 | 12.81 | 2.56 | .027 | 3.20 | .07 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| | 0 | 0 \$ 0 \$ | | , | · | | |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | , | | .00 | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ 0 \$ | | · | .000 \$ | | |
| FAMILY NURSE PRACTITIONER | 0 8 | - | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 8 | | 2,280.46 | \$ 61.63 | .202 \$ | 285.06 | \$ 12.46 |
| HOSP INPATIENT TOTAL | 1 | 0 | 876.00 | .00 | .000 | 876.00 | 4.79 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | 876.00 | .00 | .000 | 876.00 | 4.79 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 7 | 37 | 1,404.46 | 37.96 | .202 | 200.64 | 7.67 |
| MEDICAL | 1 | 1 | 8.90 | 8.90 | .005 | 8.90 | .05 |
| SURGERY | 3 | 3 | 77.47 | 25.82 | .016 | 25.82 | .42 |
| PATHOLOGY | 1 | 13 | 85.90 | 6.61 | .071 | 85.90 | .47 |
| RADIOLOGY | 4 | 6 | 498.30 | 83.05 | .033 | 124.58 | 2.72 |
| ROOM USE | 5 | 7 | 606.28 | 86.61 | .038 | 121.26 | 3.31 |
| CROSSOVERS/ALL OTH OUTPINT | 4 | 7 | 127.61 | 18.23 | .038 | 31.90 | .70 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | -CAL SERVIC | ES AND EXPENDITURES MO | NTH-OF-PAYMENT RE | | 2004 THRU DE | C 2004 | PAGE 15,355 |
| | | | | | | | · |

MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

| SOLANO COUNTY | SUMMARY OF SERVI | CES FOR CRAIG CAS | ES- TOTAL IN PA-TO | TAL | | N | #○NITT | HLY AVERA | CF. | |
|---|-------------------|---|--------------------|--------|-----------|-----------|--------|----------------------|-----|------------|
| 183 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE. | RACE COST | UNITS/DAY | | | | COST PER |
| | | OR DAYS OF CARE | EM EMDITORES | | | PER ELIC | - | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | 8 | 37 \$ | 2,280.46 | | | .202 | | 285.06 | | 12.46 |
| COMM HOSP INPATTENT TOTAL | 1 | | 876.00 | | .00 | .000 | ۲ | 876.00 | ۲ | 4.79 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 0 0 0 0 0 0 0 0 0 0 37 1 3 13 6 7 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | | | | | | | |
| TRANSITIONAL IP CARE | 0 | U | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | U | U | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | | .00 876.00 .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | 876.00 | | .00 | .000 | | 876.00 | | 4.79 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 7 | 37 | 1,404.46 | | 37.96 | .202 | | 200.64 | | 7.67 |
| MEDICAL | 1 | 1 | 8.90 | | 8.90 | .005 | | 8.90 25.82 | | .05 |
| SURGERY | 3 | 3 | 77.47 | | 25.82 | .016 | | 25.82 | | .42 |
| PATHOLOGY | 1 | 13 | 85.90 | | 6.61 | .071 | | 85.90 | | .47 |
| RADIOLOGY | 4 | 6 | 498.30 | | 83.05 | .033 | | 124.58 | | 2.72 |
| ROOM USE | 5 | 7 | 606.28 | | 86.61 | .038 | | 121.26 | | 3.31 |
| CROSSOVERS/ALL OTH OUTPINT | 4 | 7 | 127.61 | | 18.23 | .038 | | 31.90 | | .70 |
| @STATE HOSPITAL | 0 | 0 \$ | | | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | .00 | | .00 | .000 | | .00 | ' | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 0 11 0 | 390 \$ | | | 136.27 | | Ś | 4831.46 | Ś | 290.42 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | | .00 | .000 | ۲ | .00 | ۲ | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING | • | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | . 0 | 0 | | | | | | | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 0 11 1 | - | .00 | | .00 | .000 | | .00 | | |
| LEV B-TRANSITIONAL IP CARE | U | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 11 | 390 | 53,146.07 | | 136.27 | 2.131 | _ | 4831.46 | _ | 290.42 |
| @INTERMEDIATE CARE FACILDD | 1 | 122 \$ | 0,010.01 | | 68.43 | | Ş | 8348.34 | Ş | 45.62 |
| @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC | 1 | 122 | 8,348.34 | | 68.43 | .667 | | 8348.34 | | 45.62 |
| ICF DD | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 1 | 1 \$ | 643.63 | | 643.63 | .005 | \$ | 643.63 | \$ | 3.52 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 1 | 1 | 643.63 | | 643.63 | .005 | | 643.63 | | 3.52 |
| @REHABILITATION FACILITY | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 \$ | | | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | ' | .00 |
| XO AND OTHERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATTENT CLINIC | 31 | 50 \$ | 3,577.98 | | 71.56 | .273 | Ś | 115.42 | Ś | 19.55 |
| CLINIC | 1 | 1 | 24.60 | | 24.60 | .005 | ۲ | 24.60 | Y | .13 |
| SURGICENTER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | • | • | | | | | | | | |
| RURAL HEALTH CLINIC | 30 | 49 | 3,553.38 | DDDODT | 72.52 | .268 | DE ~ | 118.45 | г. | 19.42 |
| #CALIF DEPT OF HEALTH SERV | | S AND EXPENDITURES | MONTH-OF-PAYMENT | KEPOKT | FOR JAN | ZUU4 THKU | DEC | ∠004 | P.F | AGE 15,356 |
| MOP024 | FEE-FOR-SERVICE/ | | no momar | | | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVI | CES FOR CRAIG CAS | ES- TOTAL IN PA-TO | 'I'AL | | | | | | |
| 100 51 10151 50 | | | = | | | | | HLY AVERA | | |
| | | | | | | | | | | |

183 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

| | | OR DAYS OF CAR | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|--------------------------------|-----|----------------|---------|-------------------|--------------|----------|-----------|-----------|
| @ALL OTHER PROVIDERS | 116 | 4,619 | \$ | 18,658.71 | \$ 4.04 | 25.240 | \$ 160.85 | \$ 101.96 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 4 | 46 | | 288.70 | 6.28 | .251 | 72.18 | 1.58 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 4 | 46 | | 288.70 | 6.28 | .251 | 72.18 | 1.58 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 1 | 1 | | 105.00 | 105.00 | .005 | 105.00 | .57 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 7 | 23 | | 5,814.70 | 252.81 | .126 | 830.67 | 31.77 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 26 | 54 | | 588.87 | 10.91 | .295 | 22.65 | 3.22 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 1 | 27 | | 2,680.49 | 99.28 | .148 | 2680.49 | 14.65 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 71 | 654 | | 8,704.97 | 13.31 | 3.574 | 122.61 | 47.57 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 6 | 3,814 | | 475.98 | .12 | 20.842 | 79.33 | 2.60 |
| @CALIF. CHILDREN SERVICES* | 2 | 4 | \$ | 176.68 | \$ 44.17 | .022 | \$ 88.34 | \$.97 |
| @XOVER EXCLUDING STATE HOSP** | 15 | 22 | \$ | 3 , 887.58 | \$ 176.71 | .120 | \$ 259.17 | \$ 21.24 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,357 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

| 00211110 0001111 | DOILLING OF CHINTOLD FOR TOTAL CHINTIES | | | | | | | | | |
|---------------------------|---|------------------|---------------|--------------|-----------------|----------|-----------|--|--|--|
| | | | | | MONTHLY AVERAGE | | | | | |
| 64,486 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | | | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | | | |
| @TOTAL, ALL PROVIDERS | 91,991 | 604,664 \$ | 26,913,614.57 | \$ 44.51 | 9.377 \$ | 292.57 | \$ 417.36 | | | |
| @PHYSICIANS SERVICES | 6 , 728 | 21,313 \$ | 1,088,108.85 | \$ 51.05 | .331 \$ | 161.73 | \$ 16.87 | | | |
| OUTPATIENT VISITS | 2,974 | 4,926 | 271,807.44 | 55.18 | .076 | 91.39 | 4.21 | | | |
| OFFICE VISITS | 542 | 619 | 32,083.32 | 51.83 | .010 | 59.19 | .50 | | | |
| HOME VISITS | 4 | 5 | 201.17 | 40.23 | .000 | 50.29 | .00 | | | |
| EMERGENCY ROOM | 1,017 | 1,115 | 68,540.28 | 61.47 | .017 | 67.39 | 1.06 | | | |
| PREVENTIVE CARE | 6 | 6 | 286.36 | 47.73 | .000 | 47.73 | .00 | | | |
| OB VISITS/COMPRE PERI | 1,433 | 3,134 | 169,310.16 | 54.02 | .049 | 118.15 | 2.63 | | | |
| OTHER OUTPATIENT | 41 | 47 | 1,386.15 | 29.49 | .001 | 33.81 | .02 | | | |
| INPATIENT VISITS | 761 | 1,921 | 116,071.91 | 60.42 | .030 | 152.53 | 1.80 | | | |
| HOSPITAL VISITS | 711 | 1,534 | 68,096.51 | 44.39 | .024 | 95.78 | 1.06 | | | |
| CRITICAL CARE | 55 | 372 | 47,560.00 | 127.85 | .006 | 864.73 | .74 | | | |
| SNF/ICF/TRANS IP CARE | 11 | 15 | 415.40 | 27.69 | .000 | 37.76 | .01 | | | |
| OPHTHALMOLOGICAL SERVICES | 15 | 15 | 706.50 | 47.10 | .000 | 47.10 | .01 | | | |
| EXAMINATIONS | 15 | 15 | 706.50 | 47.10 | .000 | 47.10 | .01 | | | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INPATIENT H | OSPITAL SURGERY | 972 | 4,369 | | 464,979.26 | | 106.43 | .068 | | 478.37 | | 7.21 |
|--------------|-----------------|----------------------|-----------------|------|--------------------|--------|---------|-----------|------|-----------|-------|------------|
| PRINCIPAL | SURGEON | 604 | 625 | | 369,292.72 | | 590.87 | .010 | | 611.41 | | 5.73 |
| ASSISTANT | SURGEON | 87 | 86 | | 14,733.45 | | 171.32 | .001 | | 169.35 | | .23 |
| ANESTHESI | OLOGIST | 359 | 3,658 | | 80,953.09 | | 22.13 | .057 | | 225.50 | | 1.26 |
| OUTPATIENT | SURGERY | 454 | 887 | | 62,325.93 | | 70.27 | .014 | | 137.28 | | .97 |
| PRINCIPAL | SURGEON | 416 | 546 | | 53,337.30 | | 97.69 | .008 | | 128.21 | | .83 |
| ASSISTANT | SURGEON | 3 | 3 | | 272.58 | | 90.86 | .000 | | 90.86 | | .00 |
| ANESTHESI | OLOGIST | 81 | 338 | | 8,716.05 | | 25.79 | | | 107.61 | | .14 |
| DIALYSIS | | 5 | 17 | | 947.78 | | 55.75 | .000 | | 189.56 | | .01 |
| PATHOLOGY | | 998 | 5,218 | | 17,051.82 | | 3.27 | .081 | | 17.09 | | .26 |
| RADIOLOGY | | 1,917 | 2,711 | | 116,859.72 | | 43.11 | .042 | | 60.96 | | 1.81 |
| PSYCHIATRY | | 9 | 24 | | 1,268.14 | | 52.84 | | | 140.90 | | .02 |
| IMMUNIZATIO | N AND INJECTION | 94 | 238 | | 4,853.02 | | 20.39 | .004 | | 51.63 | | .08 |
| OTHER SERVI | CES/ALL X-OVERS | 630 | 987 | | 31,237.33 | | 31.65 | .015 | | 49.58 | | .48 |
| @PHARMACY | | 21,436 | 68 , 591 | \$ | 8,091,557.91 | \$ | 117.97 | | | 377.48 | \$ | 125.48 |
| PRESCRIPTIO | N DRUGS | 20,914 | 42,145 | | 8,002,744.81 | | 189.89 | | | 382.65 | | 124.10 |
| SNF/ICF | | 1,413 | 4,342 | | 599,086.05 | | 137.97 | .067 | | 423.98 | | 9.29 |
| OUTPATIEN | TS | 19,556 | 37,803 | | 7,403,658.76 | | 195.85 | .586 | | 378.59 | | 114.81 |
| MEDICAL SUP | PLIES | 848 | 26,446 | | 88,813.10 | | 3.36 | .410 | | 104.73 | | 1.38 |
| @DENTIST | | 29,715 | 149,583 | \$ | 4,217,180.05 | \$ | 28.19 | 2.320 | \$ | 141.92 | \$ | 65.40 |
| VISITS - DI | AGNOSTIC | 22,514 | 106,129 | | 1,420,907.77 | | 13.39 | 1.646 | | 63.11 | | 22.03 |
| ORAL SURGER | Υ | 3,932 | 9,092 | | 475,798.74 | | 52.33 | | | 121.01 | | 7.38 |
| DRUGS | | 742 | 859 | | 18,547.93 | | 21.59 | .013 | | 25.00 | | .29 |
| ANESTHESIA | | 133 | 135 | | 12,800.00 | | 94.81 | .002 | | 96.24 | | .20 |
| PERIODONTIC | S | 900 | 932 | | 91,368.65 | | 98.04 | .014 | | 101.52 | | 1.42 |
| ENDODONTICS | | 1,643 | 2,503 | | 365,369.02 | | 145.97 | .039 | | 222.38 | | 5.67 |
| RESTORATIVE | DENTISTRY | 8,703 | 23,519 | | 1,150,443.84 | | 48.92 | .365 | | 132.19 | | 17.84 |
| PROSTHETICS | | 131 | 138 | | 4,084.00 | | 29.59 | .002 | | 31.18 | | .06 |
| DENTURES, S | TAYPLATES | 1,486 | 4,495 | | 594,467.10 | | 132.25 | .070 | | 400.05 | | 9.22 |
| SPACE MAINT | AINERS | 1.31 | 173 | | 17,956.00 | | 103.79 | | | 137.07 | | .28 |
| MAXILLOFACI | AL SERVICES | 26 | 28 | | 1,310.00 | | 46.79 | .000 | | 50.38 | | .02 |
| FRACTURES, | DISLOCATIONS | 2 | 3 | | 2,500.00 | | 833.33 | .000 | | 1250.00 | | .04 |
| ORTHODONTIC | SERVICES | 750 | 938 | | 59,827.00 | | 63.78 | .015 | | 79.77 | | .93 |
| ALL OTHER S | ERVICES | 544 | 639 | | 1,800.00 | | 2.82 | .010 | | 3.31 | | .03 |
| | F HEALTH SERV | MEDI-CAL SERVICES AN | | JRES | MONTH-OF-PAYMENT R | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | Ρž | AGE 15,358 |
| MOP024 | | FEE-FOR-SERVICE/DENT | TAL | | | | | | | | | 03/14/05 |
| SOLANO COUNT | Y | SUMMARY OF SERVICES | FOR TOTAL | CERT | IFIED | | | | | | | |
| | | | | | | | | M | ONTH | ILY AVERA | .GE · | |
| | | | | | | | | | | | | |

| | | | | | | | 02.2 | | | |
|-------|--|---|---------------------|---------------------|--|--|--|---|--|---|
| USERS | UNITS OF SERVICE | C | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | OR DAYS OF CAR | C | | PEF | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| 96 | 252 | \$ | 6,048.70 | \$ | 24.00 | .004 | \$ | 63.01 | \$ | .09 |
| 74 | 78 | | 3,306.77 | | 42.39 | .001 | | 44.69 | | .05 |
| 65 | 169 | | 2,590.17 | | 15.33 | .003 | | 39.85 | | .04 |
| 3 | 5 | | 151.76 | | 30.35 | .000 | | 50.59 | | .00 |
| 3 | 5 | \$ | 83.60 | \$ | 16.72 | .000 | \$ | 27.87 | \$ | .00 |
| 3 | 5 | | 83.60 | | 16.72 | .000 | | 27.87 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 29 | 62 | \$ | 329.85 | \$ | 5.32 | .001 | \$ | 11.37 | \$ | .01 |
| 3 | 3 | | 143.61 | | 47.87 | .000 | | 47.87 | | .00 |
| 1 | 1 | | 11.00 | | 11.00 | .000 | | 11.00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 26 | 58 | | 175.24 | | 3.02 | .001 | | 6.74 | | .00 |
| 93 | 1,786 | \$ | 46,243.10 | \$ | 25.89 | .028 | \$ | 497.24 | \$ | .72 |
| 95 | 1,154 | \$ | 22,224.94 | \$ | 19.26 | .018 | \$ | 233.95 | \$ | .34 |
| 10 | 115 | \$ | 3,165.23 | \$ | 27.52 | .002 | \$ | 316.52 | \$ | .05 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| | 96 74 65 3 3 0 29 3 1 0 26 93 | OR DAYS OF CARE 96 252 74 78 65 169 3 5 3 5 0 0 0 29 62 3 3 1 0 0 26 58 93 1,786 95 1,154 | OR DAYS OF CARE 96 | OR DAYS OF CARE 96 | OR DAYS OF CARE 96 252 \$ 6,048.70 \$ 74 78 3,306.77 65 169 2,590.17 3 5 151.76 3 5 83.60 0 0 0 0 0 29 62 \$ 329.85 \$ 3 3 143.61 1 1 1 1 1 1 1 1 1 0 0 0 0 26 58 175.24 93 1,786 \$ 46,243.10 \$ 95 1,154 \$ 22,224.94 \$ 10 | OR DAYS OF CARE PER UNIT/DAY 96 252 \$ 6,048.70 \$ 24.00 74 78 3,306.77 42.39 42.39 65 169 2,590.17 15.33 3 5 151.76 30.35 3 5 83.60 \$ 16.72 3 5 83.60 \$ 16.72 0 0 .00 .00 .00 29 62 \$ 329.85 \$ 5.32 3 3 143.61 47.87 1 11.00 11.00 0 0 .00 .00 .00 .00 .00 26 58 175.24 3.02 3.02 93 1,786 \$ 46,243.10 \$ 25.89 95 1,154 \$ 22,224.94 \$ 19.26 10 115 \$ 3,165.23 \$ 27.52 | OR DAYS OF CARE PER UNIT/DAY PER ELIG 96 252 \$ 6,048.70 \$ 24.00 .004 74 78 3,306.77 42.39 .001 65 169 2,590.17 15.33 .003 3 5 151.76 30.35 .000 3 5 83.60 \$ 16.72 .000 3 5 83.60 \$ 16.72 .000 0 0 .00 .00 .00 .000 29 62 \$ 329.85 \$ 5.32 .001 3 3 143.61 47.87 .000 1 1 11.00 11.00 .000 0 0 .00 .00 .000 .000 26 58 175.24 3.02 .001 93 1,786 46,243.10 \$ 25.89 .028 95 1,154 22,224.94 \$ 1 | OR DAYS OF CARE PER UNIT/DAY PER ELIG 96 252 \$ 6,048.70 \$ 24.00 .004 \$ 74 78 3,306.77 42.39 .001 .003 .003 .003 .003 .003 .003 .003 .003 .003 .003 .003 .000 .000 .000 .000 \$.000 \$.000 \$.000 \$.000 \$.000 .00 | OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 96 252 \$ 6,048.70 \$ 24.00 .004 \$ 63.01 74 78 3,306.77 42.39 .001 44.69 65 169 2,590.17 15.33 .003 39.85 3 5 151.76 30.35 .000 50.59 3 5 83.60 \$ 16.72 .000 \$ 27.87 3 5 83.60 \$ 16.72 .000 27.87 0 0 .00 .00 .00 .00 29 62 \$ 329.85 \$ 5.32 .001 \$ 11.37 3 3 143.61 47.87 .000 47.87 1 1 11.00 11.00 .000 .00 26 58 175.24 3.02 .001 6.74 93 1,786 46,243.10 \$ 25.89 .028 497.24 95 1,154 22,224.94 \$ 19 | OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 96 252 \$ 6,048.70 \$ 24.00 .004 \$ 63.01 \$ 74 78 3,306.77 42.39 .001 44.69 44.69 65 169 2,590.17 15.33 .003 39.85 39.85 39.85 39.85 39.85 30.35 .000 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.00 50.59 50.59 50.59 50.59 50.59 50.00 50.59 50.59 50.59 50.59 50.59 50.59 50.00 50.59 50.59 50.59 50.59 50.59 50.00 50.59 50.59 50.59 50.59 50.00 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.59 50.00 50.00 50.00 |

| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ 25.26 | \$.00 | .000 | \$.00 | \$.00 |
|-----------------------------|----------------|-----------------|--------------------|--------------|------|-----------|--------------|
| @TOTAL HOSPITAL | 8,714 | 50,140 | \$ 7,982,711.12 | \$ 159.21 | .778 | \$ 916.08 | \$ 123.79 |
| HOSP INPATIENT TOTAL | 1,160 | 3,951 | 6,724,522.74 | 1701.98 | .061 | 5797.00 | 104.28 |
| HSC HOSPITALS | 74 | 322 | 507,259.62 | 1575.34 | .005 | 6854.86 | 7.87 |
| NON-HSC HOSPITAL TOTAL | 899 | 3 , 629 | 6,066,352.11 | 1671.63 | .056 | 6747.89 | 94.07 |
| ACCOMMODATIONS | 896 | 3,629 | 2,343,618.36 | 645.80 | .056 | 2615.65 | 36.34 |
| ADMINISTRATIVE DAYS | 2 | 17 | 3,884.78 | 228.52 | .000 | 1942.39 | .06 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 895 | 3,612 | 2,339,733.58 | 647.77 | .056 | 2614.23 | 36.28 |
| ANCILLARIES | 899 | 0 | 3,722,733.75 | .00 | .000 | 4140.97 | 57.73 |
| INPATIENT CROSSOVERS | 190 | 0 | 150,911.01 | .00 | .000 | 794.27 | 2.34 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 8,067 | 46,189 | 1,258,188.38 | 27.24 | .716 | 155.97 | 19.51 |
| MEDICAL | 436 | 568 | 22,793.52 | 40.13 | .009 | 52.28 | .35 |
| SURGERY | 311 | 382 | 10,632.91 | 27.83 | .006 | 34.19 | .16 |
| PATHOLOGY | 2,136 | 6,710 | 66,491.11 | 9.91 | .104 | 31.13 | 1.03 |
| RADIOLOGY | 1,607 | 1,932 | 128,763.64 | 66.65 | .030 | 80.13 | 2.00 |
| ROOM USE | 4,666 | 7,002 | 252,109.44 | 36.01 | .109 | 54.03 | 3.91 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 , 182 | 29 , 595 | 777,397.76 | 26.27 | .459 | 125.75 | 12.06 |
| @COUNTY HOSPITAL TOTAL | 75 | 463 | \$ 41,075.92 | \$ 88.72 | .007 | \$ 547.68 | \$.64 |
| CO HOSPITAL INPATIENT TOTAL | 5 | 24 | 27,405.01 | 1141.88 | .000 | 5481.00 | .42 |
| HSC HOSPITALS | 5 | 24 | 27,405.01 | 1141.88 | .000 | 5481.00 | .42 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 70 | 439 | 13,670.91 | 31.14 | .007 | 195.30 | .21 |
| MEDICAL | 11 | 12 | 513.79 | 42.82 | .000 | 46.71 | .01 |
| | | | | | | | |

| SURGERY | 26 | 40 | 1,354.28 | 33.86 | .001 | 52.09 | .02 |
|----------------------------|--------------------|--------------------|-------------------------|--------------|---------|---------|-------------|
| PATHOLOGY | 34 | 176 | 3,317.69 | 18.85 | .003 | 97.58 | .05 |
| RADIOLOGY | 7 | 11 | 424.27 | 38.57 | .000 | 60.61 | .01 |
| ROOM USE | 41 | 91 | 5,297.90 | 58.22 | .001 | 129.22 | .08 |
| CROSSOVERS/ALL OTH OUTPINT | 44 | 109 | 2,762.98 | 25.35 | .002 | 62.80 | .04 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURES N | MONTH-OF-PAYMENT REPORT | FOR JAN 2004 | THRU DI | EC 2004 | PAGE 15,359 |
| MOP024 | FEE-FOR-SERVICE/DE | NTAL | | | | | 03/14/05 |
| SOLANO COUNTY | SUMMARY OF SERVICE | S FOR TOTAL CERTI | IFIED | | | | |

| SOLANO COUNTY | SUMMARY OF SER | VICES FOR TOTAL C | ERTI | FIED | | | | | 03/14/03 |
|------------------------------|--------------------|-------------------|------|--------------|-------------------|------------|-------------|----|----------|
| 5021110 0001111 | 0011111111 01 0111 | | | 1111 | | MOI | NTHLY AVERA | GE | |
| 64,486 ELIGIBLES | USERS | UNITS OF SERVICE | 1 | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | 1 | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 8,643 1,155 | 49,677 | \$ | 7,941,635.20 | \$ 159.87 | | \$ 918.85 | \$ | |
| | 1,155 | 3 , 927 | | 6,697,117.73 | 1705.40 | .061 | 5798.37 | | 103.85 |
| HSC HOSPITALS | 69 899 | 298 | | 479,854.61 | 1610.25 | .005 | 6954.41 | | 7.44 |
| NON-HSC HOSPITALS TOTAL | | 3,629 | | 6,066,352.11 | 1671.63 | .056 | 6747.89 | | 94.07 |
| ACCOMMODATIONS | 896 | 3,629 | | 2,343,618.36 | 1671.63 645.80 | .056 | 2615.65 | | 36.34 |
| ADMINISTRATIVE DAYS | 2 | 17 | | 3,884.78 | 228.52 | .000 | 1942.39 | | .06 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 895 899 190 | 3,612 | | 2,339,733.58 | 647.77 | .056 | 2614.23 | | 36.28 |
| ANCILLARIES | 899 | 0 | | 3,722,733.75 | .00 | .000 | 4140.97 | | 57.73 |
| INPATIENT CROSSOVERS | 100 | 0 | | 150,911.01 | .00 | .000 | 794.27 | | 2.34 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | | 0 45,750 | | 1,244,517.47 | 27.20 | .709 | 155.56 | | 19.30 |
| MEDICAL | 425 | 556 | | 22,279.73 | 40.07 | .009 | 52.42 | | .35 |
| SURGERY | 285 | 342 | | 9,278.63 | 27.13 | | 32.56 | | .14 |
| PATHOLOGY | 2,103 | 6 , 534 | | 63,173.42 | 9.67 66.81 | .101 | 30.04 | | .98 |
| RADIOLOGY | 1,600 | 1,921 | | | | .030 | 80.21 | | 1.99 |
| ROOM USE | 4,627 | 6,911 | | 246,811.54 | 35.71 | .107 | 53.34 | | 3.83 |
| CROSSOVERS/ALL OTH OUTPINT | | 29,486 | | 774,634.78 | 26.27 | | 126.14 | | 12.01 |
| @STATE HOSPITAL | 49 | 1,571 | \$ | | \$ 522.72 | | \$ 16758.90 | \$ | 12.73 |
| MENTALLY ILL | 8 | 229 | | 137,085.12 | 598.62 | | 17135.64 | | 2.13 |
| DEVELOP. DISABLED | 8 41 121 | 1,342 | | | 509.76 | .021 | 16685.39 | | 10.61 |
| @NURSING FACILITY | 121 | 4,206 | \$ | 600,407.54 | \$ 142.75 | | \$ 4962.05 | \$ | 9.31 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 6 | 241 | | 131,116.87 | 544.05 | .004 | 21852.81 | | 2.03 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 115 | 3 , 965 | | 469,290.67 | 118.36 | .061 | 4080.79 | | 7.28 |
| @INTERMEDIATE CARE FACILDD | 4 | 183 | \$ | | \$ 101.62 | | \$ 4649.06 | \$ | .29 |
| ICF DDH | 2 | 153 | | 12,972.61 | 84.79 | .002 | 6486.31 | | .20 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ICF DDN/DDCN | 2 41 | 30 | | 5,623.62 | 187.45 | .000 | 2811.81 | | .09 |
| @HEMODIALYSIS TOTAL | 41 | 312 | \$ | | \$ 95.57 | .005 | | \$ | .46 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEMODIALYSIS CENTER | 41 | 312 | | | 95.57 | .005 | 727.25 | | .46 |
| @REHABILITATION FACILITY | 6 | 72 | \$ | 1,047.00 | \$ 14.54 | .001 | | \$ | .02 |
| HOSPITAL BASED | 3 | 59 | | 765.66 | 12.98 | .001 | 255.22 | | .01 |
| INDEPENDENT FACILITY | 3 | 13 | | 281.34 | 21.64 | .000 | 93.78 | | .00 |
| @LABORATORY FACILITY | 4,781 | 11,648 | \$ | | \$ 17.81 | .181 | | \$ | 3.22 |
| PATHOLOGY | 4,780 | 11,638 | | 207,327.41 | 17.81 | .180 | 43.37 | | 3.22 |
| XO AND OTHERS | 1 | 10 | | 102.20 | 10.22 | .000 | 102.20 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 14,236 | 31,117 | \$ | 1,619,179.57 | \$ 52.04 | .483 | | \$ | 25.11 |
| CLINIC | 2,158 | 14,550 | | 424,837.26 | 29.20 | .226 | 196.87 | | 6.59 |
| SURGICENTER | 2 | 5 | | 431.78 | 86.36 | .000 | 215.89 | | .01 |
| HEROIN DETOX CLINIC | 1 | 6 | | 91.01 | 15.17 | .000 | 91.01 | | .00 |
| | | | | | | | | | |

RURAL HEALTH CLINIC 12,082 16,556 1,193,819.52 72.11 .257 98.81 18.51 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,360 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

| SOLANO COUNTY | SUMMARI OF SER | VICES FOR TOTAL | CERI | TLTL | 5D | | | | | |
|--------------------------------|----------------|-----------------|------|------|--------------|--------------|-------|-------------|----|----------|
| 64 406 ======== | | | ~- | | | | | NTHLY AVERA | - | |
| 64,486 ELIGIBLES | USERS | UNITS OF SERVI | | | EXPENDITURES | AVERAGE COST | | | | COST PER |
| | 40.000 | OR DAYS OF CA | | | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 18,658 | 262,554 | \$ | | 2,158,272.77 | \$ 8.22 | 4.071 | | Ş | 33.47 |
| DURABLE MED. EQUIP. | 28 | 203 | | | 11,624.87 | 57.27 | .003 | 415.17 | | .18 |
| BLOOD BANK | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 1 | 2 | | | 54.79 | 27.40 | .000 | 54.79 | | .00 |
| MEDICAL TRANSPORTATION | 199 | 3,015 | | | 41,780.31 | 13.86 | .047 | 209.95 | | .65 |
| AMBULANCES/AIR TRANS | 188 | 2,207 | | | 29,936.22 | 13.56 | .034 | 159.24 | | .46 |
| OTHER TRANS | 12 | 801 | | | 2,084.21 | 2.60 | .012 | 173.68 | | .03 |
| OTHER SERVICES | 7 | 7 | | | 9,759.88 | 1394.27 | .000 | 1394.27 | | .15 |
| ACUPUNCTURE | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 103 | 1,380 | | | 96,090.00 | 69.63 | .021 | 932.91 | | 1.49 |
| GENETIC DISEASE TESTING | 1,058 | 1,062 | | | 111,462.00 | 104.95 | .016 | 105.35 | | 1.73 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1,798 | 21,124 | | | 1,034,081.42 | 48.95 | .328 | 575.13 | | 16.04 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 5 , 867 | 12,480 | | | 125,601.98 | 10.06 | .194 | 21.41 | | 1.95 |
| PHYSICAL THERAPIST | 1 | 1 | | | 1.87 | 1.87 | .000 | 1.87 | | .00 |
| PORTABLE X-RAY | 3 | 10 | | | 293.55 | 29.36 | .000 | 97.85 | | .00 |
| PROSTHETIST/ORTHOTISTS | 19 | 22 | | | 2,156.48 | 98.02 | .000 | 113.50 | | .03 |
| PROSTHETICS | 19 | 22 | | | 2,156.48 | 98.02 | .000 | 113.50 | | .03 |
| ORTHOTICS | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 5 | 13 | | | 629.51 | 48.42 | .000 | 125.90 | | .01 |
| HOSPICE SERVICES | 3 | 70 | | | 6,395.98 | 91.37 | .001 | 2131.99 | | .10 |
| NONINST BIRTHING CENTERS | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 9,452 | 57 , 368 | | | 605,264.60 | 10.55 | .890 | 64.04 | | 9.39 |
| EPSDT SUPPLEMENTAL SERVICE | 9 | 240 | | | 7,347.08 | 30.61 | .004 | 816.34 | | .11 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 262 | 165,564 | | | 115,488.33 | .70 | 2.567 | 440.80 | | 1.79 |
| @CALIF. CHILDREN SERVICES* | 186 | 71,943 | \$ | | 585,312.38 | \$ 8.14 | 1.116 | \$ 3146.84 | \$ | 9.08 |
| @XOVER EXCLUDING STATE HOSP** | 490 | 8,775 | \$ | | | \$ 23.86 | .136 | | \$ | 3.25 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.